

CERTIFICATE OF DEATH WORKSHEET

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)				2. SEX	3. SOCIAL SECURITY NUMBER	4. EVER IN US ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
5a. AGE - Last birthday (years)	5b. UNDER 1 YEAR		5c. UNDER 1 DAY		6. DATE OF BIRTH (Mo/Day/Yr)		7. BIRTHPLACE (City and State or Foreign Country)	
	Months	Days	Hours	Minutes				
8a. RESIDENCE - State		8b. RESIDENCE-County		8c. RESIDENCE-City or Town		8d. RESIDENCE-Zip Code	8e. RESIDENCE-Inside City Limits? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8f. RESIDENCE - Street and Number							8g. RESIDENCE-Apartment Number	
9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown					10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
11. FATHER'S NAME (First, Middle, Last)					12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
13. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____			14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native _____ (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____			15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree, (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, BS) <input type="checkbox"/> Master's degree (e.g. MEd, MA, MS, MEng, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, JD)		
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)						17. KIND OF BUSINESS / INDUSTRY		
18a. INFORMANT'S NAME		18b. RELATIONSHIP TO DECEDENT		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code)				
19. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify) _____			20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) OK CREMATION & MORTUARY SERVICE			21. LOCATION - City, Town and State OKLAHOMA CITY, OK		
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY OK CREMATION & MORTUARY SERVICE 2424 N. OKLAHOMA AVE., OKLAHOMA CITY, OK 73105					23. SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH _____			
					24. FH ESTABLISHMENT LICENSE # 1589 ES			

NAME _____

DATE _____

ONCE COMPLETED AND DOUBLE CHECKED FOR ACCURACY, PLEASE SIGN AND DATE.
RETURN VIA FAX (405-230-1312) OR MAIL (P.O. BOX 2273, OKLAHOMA CITY, OK 73101).