



DEATH CERTIFICATE WORKSHEET

This form to be completed by authorizing person. Please confirm that all information is correct, legible and matches legal records. Inaccurate, illegible or missing information will delay or void the official death certificate. If information is unknown, write, "UNKNOWN." For assistance in completing this form, call 1-844-330-7040.

Donor name:*		Donor driver license:*	
Authorizing person:*		Relationship to donor:*	
Address:*		Phone number:*	

Designated (informant) person:*		Relationship to donor:*	
Address:*		Phone number:*	

Donor legal name:*			Maiden name:*	
Sex:*	Age:*	Height:*	Weight:*	SSN:*
Hispanic origin? (yes/no)*		Race(s):*		Education level:*

Birthplace (city, state or country):*			DOB:*	
Current address:*			City:*	State:*
County:*	Inside city limits? (yes/no)*		Years at address:*	

U.S. military service? (yes/no)*		Specify (branch, combat service):*		
Occupation (before retiring):*		Industry:*	Years in occupation:*	
Last employer address:*			Employer name:*	

Marital status (circle):* Married Legally separated Widowed Divorced Never married Unknown						
Spouse's name (and maiden name):*				Deceased?*		
Mother's name (and maiden name):*				Deceased?*		
Father's name:*				Deceased?*		

Hospital or hospice care? (yes/no)*		Specify (facility name, length of time):*			
Address of facility:*				Phone number:*	
Place of death: (hospital/home)*		Specify (location, stairs):*			
Address of death:*				County of death:*	

Primary physician:*			Phone number:*	
Physician assisted death? (yes/no)*		Cause of death:*	DOD:*	Time:*

Notes:				

OFFICIAL	Recorded by:	Date:	Time:
	Verified by:	Date:	Time: