

Death Certificate Information

Primary Care Physician: _____ Time of Death _____

1. Decedent's Name: _____
(First, Middle, Last)

1a. Maiden Name _____

2. Sex: _____

3. Date of Death: _____

4. Social Security Number: _____

5. Age: _____

5b. Under 1 year: _____

5c. Under 1 day: _____

6. Date of Birth: _____

7. Birthplace: _____

8. State of death: ALASKA _____

9a. Place of death: HOSPITAL: Inpatient ER/Outpatient DOA

OTHER: Nursing Home Residence Other:(Specify)

9b. Facility Name _____
(If not institution, give street and number)

9c. City, Town, or Location of Death _____

10. Marital Status: Never Married Married Widowed Divorced Unknown

11. Surviving Spouse: _____
(If wife, provide maiden name)

12. Decedent's Usual Occupation: _____
(Provide kind of work done during most of working life, do not list retired)

12b. Kind of Business/Industry: _____

13. Was decedent ever in the U.S. Armed Forces: Yes No Unknown

14a. Residence- State: _____

14b. City of Residence: _____

14c. Street and Number: _____
(Physical Address, do not use P.O. Box)

14d. Inside City Limits or Settled Community?: Yes No Unknown

14e. Zip Code: _____

15. Was Decedent of Hispanic Origin? No Yes Specify: _____
(Specify No or Yes - If yes, specify, Cuban, Mexican, Puerto Rican, etc.)

16. Race: _____
(Filipino, Black, Native, White, etc.)

17. Decedent's Education:(Specify only highest grade completed) _____
Elementary/Secondary (0-12) College (1-4 or 5+)

18. Father's Name: _____
(First, Middle, Last)

19. Mother's Name: _____
(First, Middle, Maiden Surname)

20a. Informant's Name: _____

20b. Mailing Address: _____
(Street and Number or Rural Route Number, City or Town, State, Zip Code)

20c. Relationship to Decedent: _____

21a. Method of Disposition: Burial Cremation Removal From State
 Donation Other(Specify) _____

21b. Place of Disposition: _____
(Name of Cemetery, crematory or other place)

21c. Location: _____
(City or Town, State)

Certified Copies of the death certificate may be needed for legal notification:

Life Insurance Policies	_____	Real Estate & Property	_____
Labor Union	_____	Pension Plan	_____
Banks, Loans, Credit Cards	_____	Stocks, Bonds, CD's	_____
Permanent Fund Division	_____	Miscellaneous	_____

The funeral home will notify the Social Security Administration and the Veterans Administration

Total Number of Certified Death Certificates Ordered _____