

# STATE OF ILLINOIS CERTIFICATE OF DEATH WORKSHEET

|                              |
|------------------------------|
| REGISTRATION<br>DISTRICT NO. |
| LOCAL FILE<br>NUMBER         |

**STATE FILE NUMBER**

|   |   |  |                                  |   |   |   |  |  |  |  |  |  |
|---|---|--|----------------------------------|---|---|---|--|--|--|--|--|--|
| To be Completed/Verified by<br>FUNERAL DIRECTOR   | 1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last)  |  |                                  |   | 2. SEX  |   | 3. DATE OF DEATH (Month/Day/Year) (Spell Month)                              |  |  |  |  |  |
|   | 4. COUNTY OF DEATH  |  | 5a. AGE AT LAST BIRTHDAY (Years) |   | 5b. UNDER 1 YEAR  |   | 5c. UNDER 1 DAY  |  | 6. DATE OF BIRTH (Month/Day/Year)  |  |  |  |
|   |   |  |                                  |   | Months  |   | Days   |  | Hours  |  | Minutes  |  |
|   | 7a. CITY OR TOWN  |  |                                  |   |   | 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number)   |  |  |  |  |  |  |
|   | 7c. PLACE OF DEATH (Check only one: see instructions)   |  |                                  |   |   |   |  |  |  |  |  |  |
|   | IF DEATH OCCURRED IN A HOSPITAL   |  |                                  |   |   | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL   |  |  |  |  |  |  |
|   | <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/OutPatient <input type="checkbox"/> Dead on Arrival  |  |                                  |   |   | <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____ |  |  |  |  |  |  |
|   | 8. BIRTHPLACE<br>(City and State or Foreign Country)  |  |                                  | 9. SOCIAL SECURITY NUMBER                                     |   | 10. STATUS AT TIME OF DEATH<br><b>see page 2 of this worksheet for acceptable choices to be entered in this field</b>   |  |  | 11. SURVIVING SPOUSE/CIVIL UNION PARTNER<br>(give full name prior to first marriage/civil union)   |  | 12. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | 13a. RESIDENCE (Street and Number)  |  |                                  |   | 13b. APT. NO.   |   | 13c. CITY OR TOWN  |  |  | 13d. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
|   | 13e. COUNTY   |  | 13f. STATE                       | 13g. ZIP CODE   |   | 14. FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last)   |  |  | 15. MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last)  |  |  |  |
|   | 16a. INFORMANT'S NAME   |  |                                  |   | 16b. RELATIONSHIP   |   |  | 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) |  |  |  |  |
|   | 17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial<br><input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment<br><input type="checkbox"/> Other (Specify) _____  |  |                                  | 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) |   |   |  | 19. LOCATION - CITY, TOWN AND STATE                                  |  | 20. DATE OF DISPOSITION (Month/Day/Year)   |  |  |
|   | 21a. FUNERAL HOME   |  | NAME                             |   |   | STREET AND NUMBER   |  |  | CITY OR TOWN   |  | STATE   ZIP  |  |
|   | 21b. FUNERAL DIRECTOR'S SIGNATURE   |  |                                  |   |   |   |  | 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER                      |  |  |  |  |
| 22. LOCAL REGISTRAR'S SIGNATURE   |   |  |                                  |   |   |   | 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)                         |  |  |  |  |  |
| To be Completed/Verified by<br>FUNERAL DIRECTOR   | 47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death   |  |                                  |   | 48. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.  |   |  |  | 49. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be.   |  |  |  |
|   | <input type="checkbox"/> 8th grade or less<br><input type="checkbox"/> 9th - 12th grade; no diploma<br><input type="checkbox"/> High school graduate or GED completed<br><input type="checkbox"/> Some college credit, but no degree<br><input type="checkbox"/> Associate Degree (e.g., AA, AS)<br><input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS)<br><input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA)<br><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)<br><input type="checkbox"/> Unknown |  |                                  |   | <input type="checkbox"/> No, not Spanish/Hispanic/Latino<br><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano<br><input type="checkbox"/> Yes, Puerto Rican<br><input type="checkbox"/> Yes, Cuban<br><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino<br>(Specify) _____ |   |  |  | <input type="checkbox"/> White <input type="checkbox"/> Black or African American<br><input type="checkbox"/> American Indian or Alaskan Native<br>(Name of the enrolled or principle tribe) _____<br><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean<br><input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____<br><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan<br><input type="checkbox"/> Other Pacific Islander (Specify) _____<br><input type="checkbox"/> Other (Specify) _____ |  |  |  |
| 50. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED). |   |  |                                  |   |   |   | 51. BUSINESS/INDUSTRY (Enter type of business or industry. NOT COMPANY NAME) |  |  |  |  |  |

**Item 10 - Decedent's Status: acceptable choices for this field. Choose only 1 for item 10 on page 1 of this worksheet.**

- Married
- Married but Separated
- Widowed
- Divorced from Marriage
- Never Married (includes Never in Civil Union)
- Civil union
- Civil union but separated
- Surviving partner of civil union
- Divorced from civil union
- Unknown