

Vital Information for a Death Certificate



Your survivors will need the following information necessary for a Death Certificate, which must be submitted within three business days of death. The information below may be provided to the crematory, funeral home or person completing the Death Certificate. It is possible for next of kin, with a physician's determination of death, to obtain a Death Certificate on their own.

Information	Response
Legal name (<i>Include aliases and other names if any</i>)	
Date of birth	
Birthplace	
Social Security number	
Were you in the military?	
Honorably discharged?	Discharge other than Dishonorable qualifies for the National Cemetery. <i>Resources: U.S. Dept. of Veteran's Affairs, pg 62.</i>
Highest Level of Education (<i>Select the box that best describes the highest degree or level of school completed</i>)	<input type="checkbox"/> 8th grade or less (Specify) _____ <input type="checkbox"/> 9th – 12th grade; no diploma <input type="checkbox"/> High School graduate or GED <input type="checkbox"/> Some college credit; no degree <input type="checkbox"/> Associate Degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's Degree (BA, AB, BS) <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate
Are you of Hispanic Origin	<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"/> Other Spanish / Hispanic / Latino Specify: _____
What is your race?	<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian / Alaska Native: Name 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: _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander: _____ <input type="checkbox"/> Other: _____

