

Illinois Death Certificate Worksheet

Name of deceased _____

Sex _____ Date of Death _____ County of Death _____

Age at last birthday _____ Date of Birth _____

City of Death _____ Hospital or Institution Name _____

If a Hospital (circle one) **Inpatient** **Emergency Room** **Dead on Arrival**

If other than Hospital (circle one) **Hospice Facility** **Nursing home/Long-term care** **Residence**

Birthplace (city & state or foreign country) _____

Social Security Number _____

Marital Status (circle one) **Married** **Divorced** **Widowed** **Never Married** **Married but separated**
 Unknown **Civil Union** **Civil Union but separated** **Surviving Partner of a Civil Union**

Surviving Spouse's Name (if wife include maiden name) _____

Closest Relation (if not spouse) **Child** **Grandchild** **Sibling** **Niece** **Nephew** **Cousin** **POA Healthcare**

Name of Next of Kin (if not spouse) _____

Ever in U.S. Armed Forces (circle one) **Yes** **No**

Residence _____

City or town _____ Inside city limits (circle one) **Yes** **No**

County of Residence _____ State _____ Zip Code _____

Father's name _____

Mother's name (include maiden name) _____

Informant's name _____ Relationship _____

Informant's Address _____

General Practitioner/Physician _____

Hospice Doctor _____

Decedent's education (circle one) **8th grade or less** **9th - 12th (no diploma)** **High School / GED**
 Some college, no degree **Associate's** **Bachelor's** **Master's** **Doctorate** **Unknown**

Hispanic Origin (circle one) **No** **Mexican / Mexican American / Chicano** **Puerto Rican**
 Cuban **Other** **(specify)** _____

Decedent's race (circle one or more) **White** **Black / African American** **Asian Indian** **Chinese** **Filipino**
 Japanese **Korean** **Vietnamese** **Other Asian (specify)** _____

Native Hawaiian **Guamanian / Chamorro** **Samoan** **Other Pacific Islander (specify)** _____

American Indian or Alaskan Native (name of the enrolled or principle tribe) _____

Decedent's Occupation (DO NOT USE RETIRED) _____

Business / Industry (DO NOT USE COMPANY NAME) _____

Approximate Weight _____

Approximate Height _____