

STATE OF ILLINOIS CERTIFICATE OF DEATH WORKSHEET

REGISTRATION DISTRICT NO.
LOCAL FILE NUMBER

STATE FILE NUMBER

To be Completed/Verified by:
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 Months Days		5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Month/Day/Year)		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 <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <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 (City and State or Foreign Country)	9. SOCIAL SECURITY NUMBER	10. STATUS AT TIME OF DEATH see page 2 of this worksheet for acceptable choices to be entered in this field		11. SURVIVING SPOUSE/CIVIL UNION PARTNER (give full name prior to first marriage/civil union)
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		13a. RESIDENCE (Street and Number)		
13b. APT. NO.		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? <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 <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <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)	

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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 <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown	<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"/> Yes, other Spanish/Hispanic/Latino (Specify) _____	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Name of the enrolled or principle 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 (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <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