

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

Surviving spouse's name (if wife include maiden name) _____

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 - _____

Decedent's education (circle one) - 8th grade or less 9th -12th (no diploma) High school grad/ 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) - _____
