

# 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 -  Inpatient  Emergency Room  Dead on arrival

If other than hospital  Hospice facility  Nursing home/ long-term care  Residence

Birthplace (city & state or Foreign country) - \_\_\_\_\_

Social Security Number - \_\_\_\_\_

Marital status  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) \_\_\_\_\_

Ever in U.S. armed forces  Yes  No

Residence - \_\_\_\_\_

City or town - \_\_\_\_\_ Inside city limits  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  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  No  Mexican/Mexican American/Chicano  Puerto Rican

Cuban  Other (specify) \_\_\_\_\_

Decedent's race  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) - \_\_\_\_\_