

Deceased Name (First, Middle, Last, Suffix)				Last Name Before First Marriage Also Known As			
Date of Death MM DD YYYY				Sex ☐ Male ☐ Female ☐ Unknown		Social Security Number - - ☐ None ☐ Unknown ☐ Not Obtainable	
Date of Birth ☐ Unknown MM DD YYYY		Age (in years)		Under 1 Year months days		Under 1 Day hours minutes	
Birth Country ☐ Born in the United States ☐ Not U.S. Specify _____ ☐ Unknown		State/Province		City/Town			
Deceased's Residence Address ☐ U.S. Address ☐ Foreign country _____ ☐ Unknown		State/Province		County		City/Town	
				Street & Number, Zip Code		Inside City Limits? ☐ Yes ☐ No	
Education (highest completed) ☐ Unknown ☐ 8th grade or less ☐ 9th – 12th grade; no diploma ☐ High School graduate or GED completed ☐ Some college credit but no degree				☐ Associate degree (e.g. AA,AS) ☐ Bachelor's degree (e.g., BA,AB, BS) ☐ Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA) ☐ Doctorate (e.g., MD, DDS, DVM,		Ever In Armed Forces? ☐ Yes ☐ No ☐ Unknown	
						Deceased's Usual Occupation Kind of Business or Industry	
Hispanic Origin ☐ No, Not Spanish/Hispanic/Latino ☐ Yes, Hispanic Origin Known ☐ Mexican, Mexican American, Chicano ☐ Puerto Rican ☐ Cuban ☐ Other, specify _____ ☐ Unknown if Spanish/Hispanic/Latino		Race ☐ Unknown ☐ White African American ☐ Black/African American ☐ Ethiopian ☐ Liberian ☐ Ghanaian ☐ Other African Specify _____ ☐ Kenyan ☐ Sudanese ☐ Nigerian ☐ Somali		☐ American Indian or Alaska Native Name of the Enrolled or Principal Tribe _____ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Other Asian Specify _____ ☐ Korean ☐ Vietnamese ☐ Hmong ☐ Cambodian ☐ Laotian		Pacific Islander ☐ Native Hawaiian ☐ Samoan ☐ Guamanian or Chamorro ☐ Other Pacific Islander Specify _____ ☐ Other Race Specify _____	
Marital Status at time of Death ☐ Married But Separated ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Unknown ☐ Not Obtainable		Spouse's Name (First, Middle, Last, Suffix) Last name before first marriage					
Father/Parent Two Name (First, Middle, Last, Suffix)		Mother / Parent One Name (First, Middle, Suffix) Last Name Before First Marriage					
Informant's Name (First, Middle, Last or Institution)		Relationship to Deceased		Address (Street & Number, City, State, Zip)			
Place of Death Hospital ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival		Other than a Hospital ☐ Hospice ☐ Nursing home/Long term care ☐ Deceased's home ☐ Other _____		County _____ Facility Name and Address (Street & Number, City, State, Zip)			
Physician/ME Providing Cause of Death Information (First, Middle, Last) License # Title				Funeral Home/Other Institution, Estab. #		Funeral Director Name (First, Middle, Last)	
Method of Disposition ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____							
Disposition Facility		State/Province		City/Town			
Cemetery		State/Province		City/Town			

The information on this form is correct to the best of my knowledge

Signature

Date

SFN

Deceased Name (First, Middle, Last, Suffix)				Also Known As	
Physician/Medical Examiner providing this information			Title		License #
Date of Birth MM DD YYYY		Date of Death MM DD YYYY		Time of Death	
Was the Medical Examiner Contacted? ☐ Yes ☐ No			Date last saw deceased:		
Did INJURY or TRAUMA contribute to the cause of death? ☐ Yes ☐ No If Yes, please explain:					
Is there any reason to postpone final disposition? ☐ Yes ☐ No If Yes, please explain:					
Cause of Death Part I Enter the chain of events-diseases, injuries, or complications that directly caused death. Do not enter terminal events such as cardiac arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause per line. Add additional lines if necessary.					Approximate interval: Onset to death
IMMEDIATE CAUSE (final disease or condition resulting in death) Sequentially list conditions, if any, leading to the immediate cause. Enter the UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	a.				
	Due to (or as a consequence of)				
	b.				
	Due to (or as a consequence of)				
c.					
Due to (or as a consequence of)					
d.					
Part II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
Was an autopsy performed? ☐ Yes ☐ No			Autopsy Results Available to complete the cause of death? ☐ Yes ☐ No		
Did Tobacco use contribute to death? ☐ Yes ☐ No ☐ Probably ☐ Unknown		If Female ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year		Manner of Death ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined	
Complete Injury Information below if Manner of Death is not Natural					
Date of Injury MM DD YYYY	Time of Injury ☐ AM ☐ PM ☐ Military	Injury at work? ☐ Yes ☐ No	If Transportation Injury, Specify (specify) ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other		
Place of Injury (e.g. Deceased's home, construction site, restaurant, wooded area)					
Location of Injury (Street & Number, Apt. #, City or Town, State, Zip Code)					
Describe How Injury Occurred					