

Death Certificate Information Sheet

4200 1st Ave NE
Cedar Rapids, IA 52402
888-871-3361

The following information is needed to complete the Death Certificate. Please review and complete accurately. If there is information that is unknown or does not pertain, please leave that information blank.

| | | | | | | | |
|---|-----------------------|--|--|--|---|---------------------------------------|--|
| Decedent's First Name (Legal First Name) | | Decedent's Middle Name (If Any) | | Decedent's Last Name (Legal Last Name) | | Suffix (If Any) | |
| Decedent's Date of Death (MM/DD/YYYY) | | Decedent's Gender (Male/Female) | | Decedent's Age | | Decedent's Date of Birth (MM/DD/YYYY) | |
| Was Decedent Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Hispanic Type (Mexican/Spanish/Etc) | | Decedent's Race (Closest Associated With) | | Decedent's Education | |
| Decedent's Birth Place (City & State or Country) | | Decedent's Citizenship (Country) | | Decedent's Marital Status | | | |
| Decedent's Surviving Spouse Full Name (If Applicable) | | | Decedent's Spouse Maiden Name (If Applicable) | | | Decedent's Social Security Number | |
| Decedent's Occupation (Majority of Life) | | Type of Business (Occupation) | | Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No | | Branch of Service (Includes Reserves) | |
| Decedent's State Lived | Decedent's City Lived | | In City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No | | Decedent's Address Lived | | |
| Decedent's Father's Full Name | | | | Decedent's Mother's Full Name (Maiden Name) | | | |
| Informant's Full Name | | | Informant's Full Address (Address, City, State, Zip) | | | | |
| Informant's Relationship to Deceased | | Informant's Signature (By signing you are stating the information is accurate and correct) | | | | | |
| Decedent's Doctors Name | | | Decedent's Doctors City | | Decedent Last Saw Doctor (#Days/Weeks/Months) | | |