



Heflebower
Funeral and Cremation Services
Death Certificate Template

1. Decedent's Name:

(First, Middle, Last)

2. Sex: _____

3. Date of Death: ____/____/____

4. Age: _____

5. Date of Birth: ____/____/____

6. Birthplace: (City & State or Foreign Country)

7. Social Security Number:
____-____-____

8. Was the decedent ever in U.S. armed forces?
Yes No

9. Place of Death (check only one):

- | | |
|--|---|
| Hospital: | Other: |
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> ER/Outpatient | <input type="checkbox"/> Decedent's Home |
| <input type="checkbox"/> DOA | <input type="checkbox"/> Assisted Living/
Nursing Home |
| | <input type="checkbox"/> Other (specify): _____ |

10. Facility Name: (if not an institution, give address)

11. City Town, or Location of Death:

12. County of Death: _____

13. Decedent's Current Residence:
Address:

Zip Code: _____

County: _____

14. Inside City Limits?
Yes No

15. Marital Status:
 Married
 Widowed
 Never Married
 Divorced
 Unknown

16. Spouse: _____
(even if deceased)
(If wife, please give **MAIDEN** name)

17. Mother's Name:

(First, Middle, **MAIDEN**)

18. Father's Name:

(First, Middle, Last)



19. Education (highest level completed):

- 8th grade or less
- 9th-12th grade, but no diploma
- Associate degree
- Bachelor's degree
- Doctorate or Professional Degree
- High School Graduate or GED Complete
- Master's Degree
- Some college credit, but no degree
- None
- Unknown

20. Decedent's Usual Occupation:

(Give kind of work done during most of working life.
DO NOT use retired)

21. Kind of Business/Industry:

22. Was decedent of Hispanic origin?

Yes No

23. Race: _____

24. Legal Next of Kin: (& relationship to deceased)

25. Method of Disposition:

- Burial – Cemetery
- Burial – Private Land
- Cremation
- Alkaline Hydrolysis
- Removal from State
- Donation
- Entombment
- Other (specify): _____

26. Place of Disposition:

(name of cemetery, crematory, or other place)

27. Location: (city/town, state)
