

GEORGIA DEATH CERTIFICATE WORKSHEET - PERSONAL INFORMATION

BIRTH CERT. NO

STATE FILE NO.

1. DECEDENT'S LEGAL NAME (First, Middle, Last)		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX		2a. DATE OF DEATH (Mo., Day, Year)	
3. SOCIAL SECURITY NUMBER		4a. AGE - Last Birthday (Years)		4b. UNDER 1 YEAR Mos. Days		4c. UNDER 1 DAY Hours Mins.	
5. DATE OF BIRTH (Mo., Day, Year)		6. BIRTH PLACE (City and State or Foreign Country)		7a. RESIDENCE - STATE		7b. COUNTY	
7c. CITY OR TOWN		7d. STREET AND NUMBER		7e. ZIP CODE		7f. INSIDE CITY LIMITS ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9. MARITAL STATUS AT TIME OF DEATH Married Married, but Separated Divorced Never Married		Not Obtainable Widowed Unknown		10. SPOUSE NAME (If wife, give name prior to first marriage)	
11. FATHER'S NAME(First, Middle, Last)				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
13a. INFORMANT'S NAME (First, Middle Initial, Last)		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street & Number, City, State, Zip Code)			
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) 8th grade or less 9th - 12th grade; no diploma High school graduate or GED Some college credit;but no degree Associate degree (eg.,AA, AS) Bachelor's degree(eg.,BA, AB, BS) Master's degree(eg.,MA, MS, MBA) Doctorate (eg.,pHD, EdD) Unknown		15. DECEDENT OF HISPANIC ORIGIN?Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "NO" box if decedent is not spanish/Hispanic/Latino. No, Not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, Other Spanish/Hispanic/Latino (specify) _____ Unknown <input type="checkbox"/> Refused Not obtainable		16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) White Samoan Guamanian or Chamorro Black or African American Vietnamese Chinese Korean Native Hawaiian Filipino Japanese Asian Indian Other Asian (Specify) _____ Other (Specify) _____ Other Pacific Islander (Specify) _____ American Indian or Alaskan Native(Specify) _____ Unknown Refused Not obtainable			
17a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)							
17.b KIND OF BUSINESS/INDUSTRY				17c. EMPLOYER			
18a. IF DEATH OCCURRED IN HOSPITAL Inpatient Emergency Room/Outpatient Dead on Arrival		18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN HOSPITAL Hospice facility Nursing home/Long term care facility Other (Specify) _____		Unknown Decedent's Home			
19. FACILITY NAME (If not institution, give street & number)		20. CITY OR TOWN, STATE, AND ZIP CODE		21. COUNTY OF DEATH			
22a. METHOD OF DISPOSITION: Burial Cremation Donation Removal from state Entombment Mausoleum Other (Specify): _____		22b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		22c. DATE OF DISPOSITION			
23a. EMBALMER NAME (First, Middle, Last)				23b. EMBALMER'S LICENSE NUMBER			
24. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY							
25a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT <i>IS/</i>				25b. LICENSE NUMBER (Of Licensee)			

To be Completed/Verified By:
FUNERAL DIRECTOR