

Commonwealth of Virginia – Certificate of Death

Information Sheet

Full Name of Decedent: _____

Sex: Male ____ Female ____ **Date of Death** _____ **Date of Birth** _____ **Age** ____

Was Decedent ever in U.S. Armed Forces? Yes ____ No ____ **Birthplace:** _____ **SSN:** _____

Usual Residence of Decedent: _____

County of Deceased's Residence: _____ **Inside City or Town Limits?** Yes ____ No ____

Race of Decedent: White ____ Black or African American ____ Filipino ____ Korean ____ Asian Indian ____
Chinese ____ Samoan ____ Vietnamese ____ Native Hawaiian ____ Guamanian or Chamorro ____ Japanese ____
American Indian or Alaskan Native ____ Other Pacific Islander ____ Other Asian ____ Other ____
(Specify) _____ (Specify) _____ (Specify) _____ (Specify) _____

Decedent of Hispanic Origin? Non-Hispanic Cuban Puerto Rican Unknown
 Central or South American Mexican Other (Specify) _____

Education (Highest Grade Completed): Elementary/Secondary (0-12) ____ Years of College ____ Unknown
 High School Diploma GED Associate Degree Bachelor's Degree Doctorate/Professional Degree

Citizen of What Country _____ **Usual or Last Occupation** _____

Kind of Business or Industry _____

Marital Status: Never Married ____ Married ____ Widowed ____ Divorced ____ Separated ____ Unknown ____

If Married, Separated or Widowed, Name or Spouse (if divorced leave blank) _____

Name of Decedent's Father (First Middle Last Suffix) _____ **Mother's Full Maiden Name (First Middle Last)** _____

Informant's Relationship or Source of Information _____ **Full Name of Informant or Name of Source** _____

Name of Hospital or Institution of Death (if none, so state) _____ **Select one if death occurred in hospital**
ER Inpatient County of Death _____

Method of Disposition: Burial ____ Entombment ____ Cremation ____ Burial at Sea ____ Donation ____
Removal From State ____ Other (Specify) _____

Place of Disposition _____

Address _____