



MARIN FUNERAL HOME



"Three Generations Of Dignified, Professional, Funeral Services"

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ILLINOIS DEATH CERTIFICATE WORKSHEET

Please print or type

1) NAME OF DECEASED:

2) DATE OF DEATH: _____

3) COUNTY OF DEATH: _____

4) AGE: _____

5) DATE OF BIRTH: _____

6) CITY OR TOWN OF DEATH: _____

7) HOSPITAL OR INSTITUTION NAME: _____

8) BIRTHPLACE: _____

9) SOCIAL SECURITY NUMBER: _____

10) MARITAL STATUS AT TIME OF DEATH: _____

11) SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage):

12) EVER IN U.S. ARMED FORCES?: YES NO

13) HOME ADDRESS OF DECEASED: _____

14) CITY: _____ INSIDE CITY LIMITS?: YES NO

15) COUNTY: _____ 16) STATE: _____ 17) ZIP CODE: _____

18) FATHER'S NAME (First, middle, last):

19) MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, middle, last):

20) INFORMANT'S NAME: _____

21) RELATIONSHIP TO DECEDENT: _____

22) MAILING ADDRESS (Street & No., City or Town, Zip Code):

23) METHOD OF DISPOSITION: Burial Cremation Donation Entombment

24) PLACE OF DISPOSITION (Name of cemetery, crematory, other):

25) LOCATION (City, Town & State): _____

26) DATE OF DISPOSITION: _____

27) DECEDENT'S EDUCATION LEVEL (Highest grade completed): _____

28) DECEDENT OF HISPANIC ORIGIN? (Check the one that best describes whether the decedent is Spanish/Hispanic/Latino. Check "No" 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: _____

29) DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be):

White Black or African American American Indian Chinese Filipino

Japanese Korean Vietnamese Other Asian (Specify): _____

Native Hawaiian Guamanian or Chamorro Samoan

Other Pacific Islander (Specify): _____ Other (Specify): _____

30) DECEDENT'S USUAL OCCUPATION _____

31) TYPE OF INDUSTRY _____

32) HOW MANY DEATH CERTIFICATES WILL YOU NEED? _____