2826 Addison Ave. E. • Twin Falls, ID 83301 • Phone (208) 944-3373 • Fax (208) 944-3371
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Death Certificate Information Sheet

DECEDENT NAME (First)	(Middle)	(Last)	SEX (M or	DATE OF DEATH (month, day,

SOCIAL SECURITY	AGE (years)	IF < 1 YEAR (months+days)	IF < 1 DAY (hours+minutes)	DATE OF BIRTH (month, day, year)	BIRTHPLACE (city and state or foreign country)

WAS DECEASED IN ARMED FORCES?	PLACE OF DEATH (if in a hospital)	PLACE OF DEATH (if not in a hospital)
□ YES □ NO	□ INPATIENT □ DOA □ EMERGENCY ROOM OR OUTPATIENT	□ LICENSED NURSING HOME □ PRIVATE RESIDENCE □ LICENSED SHELTER □ OTHER (specify)

FACILITY NAME AND ADDRESS (if not a hospital, name of place, street, and	CITY/TOWN OF DEATH	COUNTY OF DEATH

MARITAL STATUS (married divorced, never)	SURVIVING SPOUSE (if wife, give maiden name)	DECEDENT'S USUAL OCCUPATION done during most of life Don't Use	KIND OF BUSINESS OR INDUSTRY OF DECEDENT'S USUAL OCCUPATION

RESIDENCE OF DECEASED

STATE	COUNTY	CITY/TOWN OR LOCATION	STREET AND NUMBER	ZIP CODE

INSIDE CITY LIMITS?	WAS DECEDENT OF HISPANIC ORIGIN?	RACE	DECEDENT'S EDUCATION
□ YES □ NO	□ YES □ NO (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify:	(White, Black, American Indian, etc.)	(specify only highest grade completed) Elementary/Secondary (0-12) College

FATHER (full name)	FATHER'S BIRTHPLACE (state or country)	MOTHER (full MAIDEN name)	MOTHER'S BIRTHPLACE (state or country)

INFORMANT'S NAME (print)	MAILING ADDRESS (Street and Number or Rural Route Number, City/Town, State, and Zip)

METHOD OF DISPOSITION	PLACE OF DISPOSITION (cemetery or crematory)	LOCATION (City/Town and State)
□ BURIAL □ CREMATION □ REMOVAL □ DONATION □ OTHER		

TIME OF DEATH (a.m. or p.m.)	DATE PRONOUNCED DEAD (month, day, and year)	WAS DEATH REFERRED TO CORONER?
		□ YES □ NO

NAME OF PRIMARY PHYSICIAN OR CORONER WHO WILL SIGN AND CERTIFY DEATH CERTIFICATE	CERTIFIER:
	□ PHYSICIAN □ CORONER

CERTIFIER'S MAILING ADDRESS (Street and Number or Rural Route Number, City/Town, State, and Zip)