

Information Worksheet for Maryland Death Certificate

1 Decedent's name _____ 2 Date of Death _____

3 Time of Death _____ 4a Facility Name _____

4b City, Town, Location of Death _____ 4c County of Death _____

5 Social Security Number _____ 6 Sex M F 7 Age in years _____

8 Date of Birth _____ 9 Birthplace _____ 10a State _____

10b County _____ 10c City Town Location _____ 10d Inside city limits Y N

10e Street and Number _____ 10f Zip code _____ 10g Citizen of What Country _____

11 Marital status Married Separated Widowed Divorced Never married

12 US Armed forces? Y N Year/Dates _____

13 Was decedent of Hispanic origin? Y N Specify Cuban, Mexican, Puerto Rican, etc. _____

14 Race – American Indian, Black, White, etc. _____ 15 Decedent's education 1-12 1-4 or 5+ _____

16a Decedent's usual occupation (not retired) _____ 16b Kind of business/industry _____

17 Father's name (F, M, L) _____

18 Mother's name (F, M, L) _____

19a Informant's name/relationship _____

19b Mailing address _____

20a Method of Disposition: Burial Cremation Donation Removal from State Other _____

20b Place of disposition _____ Date _____

20c Location _____

21 Signature of Funeral Licensee or Authorized Person _____ (needed on form only)

22 Name and address of facility _____ (needed on form only)