

		(first)	(middle)	(last)	(suffix)												
DECEDENT	2. SEX		3. DATE OF DEATH		4. DATE OF BIRTH		5. AGE		IF UNDER 1 YEAR		IF UNDER 1 DAY						
	MALE FEMALE NOT DETERMINED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> ACTUAL <input type="checkbox"/> PRESUMED <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> FOUND ON				Years		Months		Days		Hours		Minutes		
	6. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>			7. BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY)			8. SOCIAL SECURITY NUMBER			IF NO SSN, CHECK APPROPRIATE BOX NONE <input type="checkbox"/> NOT OBTAINABLE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>							
USUAL RESIDENCE OF DECEDENT	9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.)					10. CITY OR TOWN OF RESIDENCE					INSIDE CITY OR TOWN LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)					12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE					12a. ZIP CODE						
PERSONAL DATA OF DECEDENT	13. RACE OF DECEDENT (CHECK ONE OR MORE)																
	<input type="checkbox"/> WHITE				<input type="checkbox"/> BLACK OR AFRICAN AMERICAN				<input type="checkbox"/> FILIPINO		<input type="checkbox"/> KOREAN		<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE (SPECIFY _____)				
	<input type="checkbox"/> ASIAN INDIAN				<input type="checkbox"/> CHINESE				<input type="checkbox"/> SAMOAN		<input type="checkbox"/> VIETNAMESE		<input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY _____)				
	<input type="checkbox"/> NATIVE HAWAIIAN				<input type="checkbox"/> GUAMANIAN OR CHAMORRO				<input type="checkbox"/> JAPANESE		<input type="checkbox"/> UNKNOWN		<input type="checkbox"/> OTHER ASIAN (SPECIFY _____)				
	<input type="checkbox"/> OTHER (SPECIFY _____)																
14. DECEDENT OF HISPANIC ORIGIN?																	
<input type="checkbox"/> NON-HISPANIC				<input type="checkbox"/> CENTRAL OR SOUTH AMERICAN				<input type="checkbox"/> CUBAN		<input type="checkbox"/> MEXICAN		<input type="checkbox"/> PUERTO RICAN		<input type="checkbox"/> OTHER (SPECIFY _____)		<input type="checkbox"/> UNKNOWN	
15. EDUCATION (HIGHEST GRADE COMPLETED)																	
<input type="checkbox"/> ELEMENTARY/SECONDARY (0-12) _____				<input type="checkbox"/> HIGH SCHOOL DIPLOMA				<input type="checkbox"/> GED		<input type="checkbox"/> YEARS OF COLLEGE _____		<input type="checkbox"/> UNKNOWN					
<input type="checkbox"/> ASSOCIATE DEGREE				<input type="checkbox"/> BACHELOR'S DEGREE				<input type="checkbox"/> MASTER'S DEGREE		<input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE							
16. CITIZEN OF WHAT COUNTRY					17. USUAL OR LAST OCCUPATION					18. KIND OF BUSINESS OR INDUSTRY							
FEMALE PARENTS USE MAIDEN LAST NAME	19. MARITAL STATUS					20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank)											
	<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN																
	21. FATHER'S NAME OR PARENT II (first, middle, last, suffix) (maiden name, if any)			21a. GENDER		22. MOTHER'S MAIDEN NAME OR PARENT I (first, middle, last, suffix) (maiden name, if any)			22a. GENDER								
INFORMANT'S DETAILS	23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION					24. FULL NAME OF INFORMANT OR NAME OF SOURCE											
PLACE OF DEATH	25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state)								25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL								
									DOA <input type="checkbox"/>		OUT PAT. EMER RM <input type="checkbox"/>		INPATIENT <input type="checkbox"/>				
	26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL																
<input type="checkbox"/> HOSPICE FACILITY				<input type="checkbox"/> NURSING HOME				<input type="checkbox"/> LONG TERM CARE FACILITY		<input type="checkbox"/> DECEDENT'S HOME		<input type="checkbox"/> CORRECTIONAL FACILITY		<input type="checkbox"/> OTHER (SPECIFY _____)			
27. CITY OR TOWN OF DEATH			28. STREET ADDRESS OR RT. NO OF PLACE OF DEATH			28a. ZIP CODE			28b. COUNTY OF DEATH (if independent city, leave blank)								
ONLY THE FOLLOWING MAY LEGALLY FILE A DEATH CERTIFICATE	29. METHOD OF DISPOSITION																
	<input type="checkbox"/> BURIAL				<input type="checkbox"/> ENTOMBMENT / MAUSOLEUM				<input type="checkbox"/> CREMATION / INCINERATION		<input type="checkbox"/> CREMATION WITH BURIAL		<input type="checkbox"/> CREMATION WITH ENTOMBMENT/MAUSOLEUM				
	<input type="checkbox"/> BURIAL AT SEA				<input type="checkbox"/> DONATION				<input type="checkbox"/> OTHER (SPECIFY _____)								
<input type="checkbox"/> REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)																	
LICENSED FUNERAL DIRECTOR/ LICENSEE	30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY																
VIRGINIA STATE	31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY					31a. CITY / COUNTY		31b. STATE		31c. ZIP CODE		31d. COUNTRY					