STATE OF NORTH CAROLINA - OFFICE OF VITAL RECORDS

INFORMANT WORKSHEET FOR CERTIFICATE OF DEATH

PLEASE PROVIDE TO FUNERAL DIRECTOR UPON COMPLETION

DECEDENT PERSONAL INFORMATION

Decedent Legal Name

Prefix | First | Middle | Last | Suffix

Decedent Last Name prior to first marriage: _____ ☐ **Not Applicable**

Decedent Aliases ☐ **Not Applicable**

First | Middle | Last | Suffix

First | Middle | Last | Suffix

Decedent Sex
☐ Female
☐ Male
☐ Unknown

Decedent Social Security Number
___ ___ ___ - ___ ___ - ___ ___ ___ ___
☐ None ☐ Unknown

Decedent Date of Birth
MM / DD / YYYY

Decedent Birth Place
County | State | Country

Ever in US Armed Forces?
☐ Yes
☐ No

Decedent Age
Years

Under 1 Year
Months | Days

Under 1 Day
Hours | Minutes

Decedent Resident Address

Street Number | Street Name, Rural Route, etc. | Apt/Suite #

Zip Code | City or Town | County | State | Country | Inside City Limits?

DECEDENT FAMILY MEMBERS

Marital Status: _____ **Other Specify:** _____

Decedent Surviving Spouse's Name

First | Middle | Last (name prior to first marriage) | Suffix

Decedent Father/Parent's Name

First | Middle | Last (name prior to first marriage) | Suffix

Decedent Mother/Parent's Name

First | Middle | Last (name prior to first marriage) | Suffix

INFORMANT INFORMATION

Informant Name

First _____ Middle _____ Last _____ Suffix _____

Informant Address

Street Number _____ Street Name, Rural Route, etc. _____ Apt/Suite # _____

Zip Code _____ City or Town _____ County _____ State _____ Country _____

Informant Phone Number: _____ **Informant Email Address:** _____

DECEDENT ATTRIBUTES

Decedent's Occupation: _____ **Kind of Business/Industry :** _____

Decedent's Education

- ☐ 8th Grade or Less
- ☐ 9th-12th Grade, No Diploma
- ☐ High School Graduate or GED
- ☐ Some College Credit, No Degree
- ☐ Associate Degree
- ☐ Batchelor's Degree
- ☐ Master's Degree
- ☐ Doctorate or Professional Degree
- ☐ Unknown

Decedent of Hispanic Origin?

- ☐ Not Spanish/Hispanic/Latino
- ☐ Cuban
- ☐ Mexican, Mexican American, Chicano
- ☐ Puerto Rican
- ☐ Other Spanish/Hispanic/Latino (specify) _____

Decedent Race

If other or unknown selected, please specify

- ☐ Alaska Native
- ☐ Asian Indian
- ☐ Black or African American
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian or Chamorro
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Vietnamese
- ☐ White
- ☐ Other Asian _____
- ☐ Other Pacific Islander _____
- ☐ Other _____
- ☐ Unknown _____
- ☐ American Indian **(If selected, please specify tribe below)**
  - ☐ Coharie
  - ☐ Cherokee Indians of Robeson County
  - ☐ Eastern Band of Cherokee Indian
  - ☐ Haliwa-Saponi
  - ☐ Lumbee
  - ☐ Meherrin
  - ☐ Occaneechi Band of Saponi Nation
  - ☐ Sappony
  - ☐ Waccamaw Siouan

INFORMANT STATEMENT OF UNDERSTANDING

I attest that the information provided on this worksheet is accurate to the best of my knowledge. I understand that once this record has been registered by the North Carolina Office of Vital Records, modifications to the death record will require documentary evidence to support the change and payment of associated fees. (NCGS § 130A-93.1(a) NCGS § 130A-118(a) NCGS § 130A-118(d))

Informant Signature: _____ **Date:** _____

FUNERAL HOME SIGNATURE

Funeral Home Signature: _____ **Date:** _____