

Information Needed To Complete State of Illinois Death Certificate

Please Print Legible.

Please fax to: 312-276-4498

Name of Deceased: _____ Date of Death: _____

Time of Death: _____ AM PM Place of Death: _____

Address: _____ City: _____ State: _____

Zip _____ County: _____ Birth Date: _____ Age: _____ Sex: _____

Social Security #: _____ Serve in the Armed Forces: _____

Birth Place: (city & state or Foreign Country) _____

Marital Status: Married Widowed Divorced Never Married Race: _____ Hispanic Origin: _____

Surviving Spouse: (if wife give maiden name) _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Education (Number of Years): High School _____ College _____

Occupation (can not use retired): _____ Business or Industry: _____

Father's Name: _____ Mother's Name: (maiden) _____

Physician: _____ Address: _____

City _____ Phone: _____

Legal Next of Kin

Informant's Name: _____ Relationship: _____

Informant's Address: _____ City: _____

State: _____ Zip Code: _____

Phone #: _____ Cell #: _____

Name and Signature of person filling out form

X _____