



Decedent's Name _____
Date of Death _____



Funeral Home's Worksheet for Death Certificate

The information provided below will be used to create a Rhode Island Certificate of Death.

PLEASE PRINT CLEARLY

1. What was the Decedent's current legal name?

First	Middle	Last	Suffix (Jr, III, etc.)
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Did the Decedent have any other Aliases?

1) First	Middle	Last	Suffix (Jr, III, etc.)
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2) First	Middle	Last	Suffix (Jr, III, etc.)
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2. What was the Decedent's Sex?

- Male
 Female

3. Date of Death (PHYSICIAN ONLY)

____ / ____ / ____
 Month / Day / Year

4a. Name of Hospital/Institution where the Decedent was pronounced dead?

Facility Name: _____

4a. If not Facility, what was the address where the Decedent was pronounced dead?

Complete number and street: _____ Apartment Number: _____

4b. City, Town, or Location of Death

City, Town, or Location: _____ State: _____

5a. Age - At Last Birthday (Yrs)

5b. IF Under 1 Year

5c. IF Under 1 Day

Age: _____ Months _____ Days _____ Hours _____ Minutes _____

6. What was the Decedent's Date of Birth?

Month	Day	Year
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7. Decedent's Birthplace

City/Town _____ State _____

Or U.S. territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas

Or Foreign country _____

8. Was the Decedent ever in the Armed Forces?

- Yes Name War _____ or Yes, Peacetime
 No
 Unknown

9a. Was the decedent Spanish/Hispanic/Latina? If *not* Spanish/Hispanic/Latina, check the “No” box. If Spanish/Hispanic/Latina, check the appropriate box.

- No, not Spanish/Hispanic/Latina
 Yes, Mexican, Mexican American, Chicana
 Yes, Puerto Rican
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian)(specify) _____

9b. What was the Decedent’s Race? (Please check *one or more* races to indicate what the decedent considered him/herself to be.)

- White
 Black or African American
 American Indian or Alaska Native (name of enrolled or principal tribe) _____
 Asian Indian
 Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Other Asian (specify) _____
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander (specify) _____
 Other (specify) _____

10. What was the Decedent’s Social Security number?

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11a. What was the Decedent’s usual occupation for the majority of his/her working life? (Do NOT use retired)

Occupation _____

11b. What kind of Business or Industry Sector did the Decedent work in ?

Industry _____

12a. What was the Decedent’s Marital Status?

- Never Married
 Married (Provide Spouse or Partner Name in 12b)
 Married, but Separated (Provide Spouse or Partner Name in 12b)
 Widowed (Provide Spouse or Partner Name in 12b)
 Divorced
 Civil Union (Provide Spouse or Partner Name in 12b)
 Domestic Partner (Provide Spouse or Partner Name in 12b)

12b. What was the spouse's legal name (Include maiden name if applicable)?

First Middle Last Suffix (Jr, III, etc.)

13a. What was the Decedent's Residence Address?

Complete number and street: _____ Apartment Number: _____

13b. What was the Decedent's City or Town of Residence?

City or Town: _____ State: _____

(Do not enter villages)

Zip Code: _____ If not United States, country _____

14. What was the Decedent's Mailing Address if different from Question 13a and 13b? (If same, skip to Question 15.)

Complete number and street: _____ Apartment Number: _____

City or Town: _____ State: _____

Zip Code: _____ If not United States, country _____

15. What is the highest level of Education that the Decedent completed?

- Input boxes for education levels: If no H.S. Diploma or GED, Highest grade completed; High school graduate or GED completed; Some college credit, but no degree; Associate degree (e.g. AA, AS); Bachelor's degree (e.g. BA, AB, BS); Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA); Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD); Unknown

16. What were the Decedent's parent's full names? (Include maiden names if applicable)

Father/Parent _____
First Middle Last/Maiden Suffix (Jr, III, etc.)

17. What were the Decedent's parent's full names? (Include maiden names if applicable)

Mother/Parent _____
First Middle Last/Maiden Suffix (Jr, III, etc.)

18a. What is the Informant's full name?

First Middle Last Suffix (Jr, III, etc.)

18b. What is the Informant's mailing address?

Complete number and street: _____ Apartment Number: _____

City or Town: _____ State: _____

Zip Code: _____ If not United States, country _____

19a. Method of Disposition?

- Burial
- Cremation
- Donation
- Entombment
- Removal from State (Only select if final method of disposition is not known, otherwise select relevant option above)
- Other: _____

19b. Place of Disposition

- Cemetery Name: _____ City /Town: _____, State _____
 - Crematory Name: _____ City/Town: _____, State _____
 - Other
- Complete number and street: _____
- City or Town: _____ State: _____
- Zip Code: _____ If not United States, *country* _____

20a. Signature of Funeral Home Licensee

Signature of Funeral Home Licensee

20b. Funeral Home Name

20c. Funeral Home License Number

Funeral Home: _____ License Number _____

20d. Funeral Home Address

Complete number and street: _____

City or Town: _____ State: _____
(or U.S. Territory, Canadian Province)

Zip Code: _____ If not United States, *country* _____



This Funeral Home Director's Worksheet was created to assist you with the collection of personal and demographic data required to complete a Rhode Island Death Certificate. This worksheet is not a required form, but was created in response to feedback from Funeral Home Director's in an effort to file accurate Death Certificates. Thank you for your cooperation.

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