



North Carolina Death Certificate Information

Decedent's full legal name

First:

Middle:

Maiden (if female):

Last:

Sex: Male Female

Decedent's Social Security Number (*required*): _____ - _____ - _____

Age:

Marital status:

Never Married Married Married but separated Divorced Widowed

If married, **MAIDEN** surname of spouse:

Legal residence of decedent

Street and number:

City:

County:

State:

Zip code:

Inside city limits: Yes No

Date of death:

Location of death

Facility name or address:

City:

Inside city limits: Yes No

County, State:

Primary care physician:

Was the deceased under Hospice care: Yes No

Decedent's date of birth:

Decedent's birthplace (county and state OR foreign country):

Decedent's parents names

Father (first, middle, last):

Mother (first, middle, **maiden**):

Did the decedent serve in the US armed forces: Yes No

Parent branch of military:

Decedent's occupation for most of working life (*do not put retired*):

Kind or type of business (*do not put retired*):

Hispanic origin: Yes No

If yes, please specify (i.e. Mexican, Honduran, Costa Rican, etc.):

Race (white, black, asian, etc.):

Number of years of education:

Type of diploma or degree earned

- High School Equivalent or G.E.D.
- Some college no degree
- Associates degree
- Bachelors degree
- Masters degree
- Ph.D. or Professional Degree (J.D., DDM, etc.)

Informant's (next of kin) name:

Informant's contact phone number:

Informant's relationship to deceased:

Informant's mailing address

PO Box or street number:

City:

State:

Zip: