

At-need Death Certificate Information Form- DCSVA

Name of Decedent			Social Security Number		
Date of Death		Time of Death (24hr)	Facility Type	<input type="checkbox"/> Inpatient	Autopsy
Facility or Place of Death <i>(if not institution, give street address)</i>			HOSPITAL	<input type="checkbox"/> ER / Outpatient	<input type="checkbox"/> Yes
			NON-HOSPITAL	<input type="checkbox"/> Dead On Arrival	<input type="checkbox"/> No
City of Death	County of Death		State of Death	<input type="checkbox"/> Hospice Facility	Pacemaker
				<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Yes
				<input type="checkbox"/> Decedent's Home	<input type="checkbox"/> No
				<input type="checkbox"/> Other (specify):	
Date of Birth		Place of Birth <i>(City, State or Foreign Country)</i>		Citizen of What Country	
Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch & Years of Service <i>(if Veteran)</i>		
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married					
Spouse <i>(First, Middle, Married Name)</i>			Spouse's Maiden Name		
Decedent's Race or Races <i>(More than one race may be specified)</i>					
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <i>(Specify tribe)</i>					
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <i>(specify)</i> _____					
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <i>(specify)</i> _____					
<input type="checkbox"/> Other <i>(Specify)</i> _____					
Of Hispanic or Haitian origin?		<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Central/South American
<input type="checkbox"/> Yes <i>(if Yes, specify)</i> <input type="checkbox"/> No		<input type="checkbox"/> Other <i>(specify)</i>	<input type="checkbox"/> Haitian		
Education:					
Highest Grammar Grade Completed _____ <input type="checkbox"/> High School, no diploma <input type="checkbox"/> High School diploma or GED					
Years of College Completed _____ Highest College degree <i>(Specify)</i> : <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate					
Decedent's Occupation <i>(Kind of work done the longest)</i>			Industry <i>(Description & Company Name)</i>		
Father's Name <i>(First, Middle, Last)</i>			Mother's Name <i>(First, Middle, Last)</i>		Mother's Maiden Surname
Decedent's Last Legal Residence Address <i>(Street Address - No PO Box)</i>				Apt No.	City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Decedent's City of Residence			Decedent's County of Residence		
State	Zip Code		(NOTE: In the case of patients in a nursing or convalescent home, the place where the deceased lived prior to admission should be used.)		
Contact Name <i>(Person Providing this Information)</i>			Relationship to Decedent		
Contact Mailing Address <i>(Street, City, State, Zip Code)</i>					
Contact information <i>(Telephone, Cell Phone, etc)</i>			Contact <i>(Email)</i>		
Number of Certified Death Certificates Requested		Address To Send Certified Death Certificates To			

Approved: _____

Please review carefully before approving this information. You will be responsible for any amendment fees and attorney/court costs necessary due to incorrect information listed on this form.