

Information Worksheet for Virginia Death Certificate

Decedent Information

Full name _____ Sex ____ Date of Death _____

DOB _____ Age in years ____ + # months ____ days _____ hours _____ minutes _____

US Armed forces? Yes No Unknown Birthplace _____ SS# _____

City/Town of Residence _____ County _____ State _____ Zip _____

Race (if Hispanic, specify) _____ Education (indicate by highest level/degree) _____

Citizen of what country _____ Usual occupation _____

Kind of business or industry _____

Marital status? Married Divorced Separated Never married Widowed Unknown

Spouse's name (if divorced leave blank) _____

Father's name _____

Mother's maiden name _____

Full name of informant's relationship or source of information _____

Specify where death occurred if somewhere other than hospital _____

hospice facility nursing home long term care facility decedents home correctional facility other

If death occurred in hospital, was it DOA, ER, inpatient _____

City/Town of death _____ County _____ State _____ Zip code _____

Address (street and number) _____

Disposition

Method of Disposition: Burial Entombment Mausoleum Cremation/Incineration Burial at sea
Donation Other _____

Place of disposition (name of cemetery, crematory) _____

Address (city/town/county/state) _____

Signature of funeral director/licensee, VSAP, or Next-of-Kin, address