

# Andersen-Morgan Funeral Home

\*Please Print Legible\*

\*Information Needed to Complete State of Illinois Death Certificate\*

\*Please Fill in ALL Blanks If you leave any lines blank, we will put UNKNOWN on Death Certificate. \*

Burial OR Cremation

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Time of Death: \_\_\_\_\_ AM PM Place of Death: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Served in the Armed Forces: \_\_\_\_\_

Birthplace (City, State or Foreign Country): \_\_\_\_\_

Marital Status: Married, Widowed, Divorced, Never Married Race: \_\_\_\_\_ Hispanic Origin: \_\_\_\_\_

Surviving Spouse (if wife, give maiden name): \_\_\_\_\_

Deceased Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Education Number of Years: Grammar/High School \_\_\_\_\_ College \_\_\_\_\_

Usual Occupation: \_\_\_\_\_ Business or Industry: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Mothers Name (maiden): \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

## Legal Next of Kin

Informant's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Informant's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Signature of person filling out form X \_\_\_\_\_