



Commonwealth of Massachusetts
 Department of Public Health
 Registry of Vital Records and Statistics



Informant Worksheet for Certificate of Death

The information you provide below will be used to create the legal Certificate of Death. The death certificate is a permanent document.

It is very important that you provide complete and accurate information for all of the questions. Death certificate items are used for legal and statistical purposes. Accurate and complete death certificate information will help expedite the settling of estates, assist health and medical researchers to study and improve the health of Massachusetts residents, and assist generations of family members with genealogical information and their own medical histories. This information is collected in accordance with Massachusetts General Law (c.46, §1) and as part of a national standard for uniform reporting across all U.S. states. Please also note that while you are responsible for providing information for the legal and personal portions of the death certificate, you should also review and ask questions of the medical certifier such that you are comfortable that a detailed and accurate cause of death has been listed.

Please print your answers neatly and accurately. The death certificate is a permanent legal document that is a record of events and information at the time of death and may not be changed later except under very limited conditions.

DECEDENT INFORMATION

Print the decedent's full legal name exactly as you want it to appear on his or her death certificate. Enter any alias names, if any, in the AKA fields.

First Name:		

Middle Name: <input type="checkbox"/> Check if the decedent does not have a middle name		

Surname: (Last Name)	Generational suffix, if any: (e.g., JR, III)	
_____	_____	
Surname at birth or adoption: ("Maiden last name" – include for both males and females)		

AKA	_____	_____
	<i>First name</i>	<i>Middle name</i> <i>Surname(Last name)</i>

AKA	_____	_____
	<i>First name</i>	<i>Middle name</i> <i>Surname(Last name)</i>

AKA	_____	_____
	<i>First name</i>	<i>Middle name</i> <i>Surname(Last name)</i>

AKA	_____	_____
	<i>First name</i>	<i>Middle name</i> <i>Surname(Last name)</i>

Sex:	Date of Birth: (e.g. <u>Mar.</u> <u>15</u> <u>1935</u>)	
<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	
	<i>Month</i>	<i>Day</i> <i>Year</i>

Decedent's SSN:	If blank, reason:	
_____	<input type="checkbox"/> Has no SSN <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown <input type="checkbox"/> Verified with Informant	

Decedent's Age: Enter decedent's age on their last birthday:

Age Measure: Years Months and Days Hours and Minutes Unknown

Age: _____ (e.g., 33 Years, 10 Months and 4 Days, 15 Hours and 22 Minutes)

Pronouncement Information: Enter if Pronouncement was performed. If Yes, attach the Pronouncement Form:

Pronouncement Performed?: Yes No

Birthplace: Enter decedent's birthplace. Cities and towns must be listed by their legal and proper name. Do not list a neighborhood, village or other sub-division name. If U.S., Canada or Mexico, also include the State or Province. For other countries, list a proper city/town (or other proper jurisdiction) as well as the country name as it exists now, or as it existed at the time of the decedent's birth. If none of this information is known, and cannot be obtained in time for the death certificate, please check the unknown box.

Birthplace unknown:

Country (Do not abbreviate, unless U.S.)

State /Province (if Country is U.S., Mexico or Canada)

City/Town (Do not abbreviate)

Decedent's Residence: Residence is the actual address of the place where decedent lived. Do not use a post office box or other address used for mailing purposes only. The city or town must be listed by its legal and proper name. Do not list a neighborhood, village or other sub-division name. Enter the State/Province if the Country is U.S., Canada or Mexico. Do not abbreviate City/Town, State/Province or Country entries.

Residence:

Street number and name (e.g., 9 Ninth Street)

Apartment or unit, if any (e.g., Apt. 9)

Proper City/Town name (e.g., Boston, not Mattapan)

State /Province (if Country is U.S., Mexico or Canada)

Zip Code

Country of Residence (e.g., U.S., Canada)

If Not in Massachusetts, did decedent live within city limits?

Yes No Unknown

Marital Information: Enter decedent's marital status information:

Marital Status:

Married Married but Separated Widowed Never Married Divorced Unknown

Last Spouse's Information: Enter the decedent's last spouse's information:

Last Spouse Information Unknown:

First Name:

Middle Name:

Surname: (Last Name)

Generational suffix, if any: (e.g., JR, III)

Surname at birth or adoption: ("Maiden name" – include for both males and females)

Mother / Parent Information: Enter the name of the parent that will appear in the Mother/Parent section of the decedent's death certificate. Separate the first, middle, and surname fields in the boxes below:

Name of Mother/Parent Unknown: <input type="checkbox"/>	
First Name:	
Middle Name:	
Surname: (Last Name)	Generational suffix, if any: (e.g., JR, III)
Surname at birth or adoption: ("Maiden name" – include for both males and females)	
Country of Birth:	State/Province of Birth: (if Country is U.S., Canada or Mexico)

Father / Parent Information: Enter the name of the parent that will appear in the Father/Parent section of the decedent's death certificate. Separate the first, middle, and surname fields in the boxes below:

Name of Father/Parent Unknown: <input type="checkbox"/>	
First Name:	
Middle Name:	
Surname: (Last Name)	Generational suffix, if any: (e.g., JR, III)
Surname at birth or adoption: ("Maiden name" – include for both males and females)	
Country of Birth:	State/Province of Birth: (if Country is U.S., Canada or Mexico)

Veteran Status Information: Enter the decedent's veteran status. If the decedent is a US veteran, complete the Veteran Information Worksheet and attach it to the end of this worksheet.

Is decedent a US Veteran?: Yes No Unknown

Decedent’s Ethnicity: Information about ethnicities help researchers understand more about genetic conditions, cultures, and locations of existing and new ethnic communities that may affect the availability of quality care services and medical programs.

Please indicate decedent’s ethnic background(s): *You may choose more than one.*

- | | |
|--|--|
| <input type="checkbox"/> African (specify): _____ | <input type="checkbox"/> Korean |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> American | <input type="checkbox"/> Mexican, Mexican American, Chicano |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Middle Eastern (specify): _____ |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Native American (specify tribal nation(s):
_____ |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Caribbean Islander (specify): _____ | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Other Asian (specify): _____ |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Other Central American (specify): _____ |
| <input type="checkbox"/> European (specify): _____ | <input type="checkbox"/> Other Pacific Islander (specify): _____ |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Portuguese (specify): _____ |
| <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Other South American (specify): _____ |
| <input type="checkbox"/> Haitian | <input type="checkbox"/> Other ethnicity(ies) not listed (specify):
_____ |
| <input type="checkbox"/> Honduran | <input type="checkbox"/> Not Obtainable |
| <input type="checkbox"/> Japanese | |
| <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> Refused | |

Decedent’s Race: Information about race helps researchers understand more about death rates, health conditions and other factors relating to race that may affect health service needs in Massachusetts communities.

Please indicate decedent’s race(s): *You may choose more than one.*

- | | |
|--|---|
| <input type="checkbox"/> American Indian / Alaska Native / Native American | <input type="checkbox"/> Hispanic / Latino / Black |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic / Latino / White |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic / Latino / Other (specify): _____ |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Not Obtainable | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Refused | <input type="checkbox"/> White |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other Pacific Islander |
| | <input type="checkbox"/> Other (specify): _____ |

Decedent’s Certificate Race: Enter race as you want it to appear on death certificate (up to 42 characters).

Race on Death Certificate:

Decedent's Education: Information about education helps researchers understand more about trends in age and education levels of Massachusetts residents, reading level required for health education materials, health information needs, and other factors that may affect health.

<input type="checkbox"/> 8 th grade or less	<input type="checkbox"/> 9 th – 12 th grade
<input type="checkbox"/> High school graduate or GED	<input type="checkbox"/> Some college credit, but no degree
<input type="checkbox"/> Certificate	<input type="checkbox"/> Associate's degree (e.g., AA, AS)
<input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)	<input type="checkbox"/> Master's degree (e.g., MA, MS, MBA)
<input type="checkbox"/> Doctorate or Professional degree (e.g., PhD, MD, JD)	<input type="checkbox"/> Unknown
<input type="checkbox"/> Refused	

Decedent's Occupation and Industry: Information about jobs residents hold helps researchers find out more about how certain occupations and industries may affect health. Certain job conditions such as exposures to toxic paints and chemicals and high-stress industries may affect health and be linked to certain health conditions.

<p>Usual occupation/job during decedent's lifetime:</p> <p><i>Examples:</i> Computer programmer, Cashier, Homemaker, Student</p> <hr/>	<p>In What Industry: <i>(You may list an industry or a company name)</i></p> <p><i>Examples:</i> Software Company, Supermarket, Own home, College</p> <hr/>
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Informant's Name: Print informant's name exactly as you want it to appear on death certificate. Separate the first, middle, and last names in the boxes below. The informant should not be the decedent. If the primary informant was the decedent, the funeral director must make a note on the worksheet.

First Name:	
Middle Name:	
Surname: <i>(Last Name)</i>	Generational suffix, if any: <i>(e.g., JR, III)</i>
<p>Relationship to decedent: <input type="checkbox"/> Husband <input type="checkbox"/> Spouse <input type="checkbox"/> Wife <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Niece</p> <p><input type="checkbox"/> Nephew <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Funeral Director <input type="checkbox"/> Medical Records <input type="checkbox"/> Other</p> <p>Specify Other: _____</p>	

Informant's Mailing Address: Enter informant's mailing address. Do not abbreviate the State/Province name. Enter the State/Province if the Country is U.S., Canada or Mexico. Leave it blank if other country.

<i>Street number and name (e.g., 9 Ninth Street) or P.O. Box</i>		<i>Apartment or unit, if any (e.g., Apt. 9)</i>
<i>City/Town name</i>	<i>State/Province (if Country is U.S., Mexico or Canada)</i>	<i>Zip Code</i>
<i>Country, if not U.S.</i>		

Worksheet completed by:	
<i>Please sign:</i>	<i>Date of Signature</i>