

Information Worksheet for Vermont Death Certificate

Preliminary Report of Death — Demographic Information

1a Legal name _____ 1b Aliases _____

1c Decedent's last name at birth _____ 2 Sex M F 3 SS# _____

4 Age last birthday ____ + # months ____ days ____ hours ____ minutes _____ 5 Date of Birth _____

6 Birthplace _____ 7a Street and number) _____

7b City or Town _____ 7c State or Foreign Country _____

8 US Armed forces? Y N 8b War veteran? Y N 8c Which war(s) _____

9 Marital status at TOD? Married Separated Civil Union Widowed Divorced Civil Union Dissolution Never married or in CU Unknown

10a Birth name of surviving spouse/civil union partner _____ 10b Sex of surviving spouse/partner M F U

11 Father's or Parent's birth name (F, M, L) _____

12 Mother's or Parent's birth name (F, M, L) _____

13a Informant's name _____ 13b Relationship to decedent _____

13c Informant's mailing address _____

14 Decedent's Education (*highest level/degree*) 8th grade or less 9th-12th grade, no diploma High School diploma or GED
Some College/no degree Associate Degree Bachelor's Degree Master's Degree Doctorate Degree Professional degree

15 Decedent of Hispanic origin Y N If yes, indicate nationality _____

16 Decedent's Race White Black or African American Am Indian or Alaska Native (name of tribe) Asian Indian Chinese Filipino
Japanese Korean Vietnamese Other Asian (specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander Other

17 Decedent's usual occupation (*not retired*) _____ 18 Kind of business/industry _____

19 Did decedent receive hospice care within 30 days of death? Yes No Unknown

20 Place of Death Inpatient ICU ER/Outpatient DOA Nursing Home/LTC Facility Hospice Facility Decedent's Home Other _____

21a Facility Name _____ 21b City or Town _____ 21c State _____

22a Method of Disposition: Temp Storage Burial Cremation Donation Entombment Removal from State Other _____

22b Place of Temporary Storage _____ 22c Location of Temporary Storage _____

22d Place of Final Disposition (*name of cemetery, crematory*) _____

22e Address of Final Disposition (*city/town/state*) _____

23a Name of Funeral Facility or Authorized Person _____

23b Address of Funeral Facility or Authorized Person _____

24 Signature of Funeral Licensee or Authorized Person _____ (*needed on form only*) 25 VT license number _____

26 Date of Disposition (*Month Day Year*) _____