

STATE OF OKLAHOMA  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER			
1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)			2. SEX	3. SOCIAL SECURITY NUMBER - -	4. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No
5a. AGE- Last birthday (years)	5b. UNDER 1 YEAR Months      Days	5c. UNDER 1 DAY Hours      Minutes	6. DATE OF BIRTH (Mo/Day/Yr)	7. BIRTHPLACE (City and State or Foreign Country)	
8a. RESIDENCE-State	8b. RESIDENCE-County	8c. RESIDENCE-City or Town		8d. RESIDENCE-Zip Code -	8e. RESIDENCE-Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
8f. RESIDENCE-Street and Number					8g. RESIDENCE-Apartment Number
9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown			10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		
11. FATHER'S NAME (First, Middle, Last)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
13. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino)		14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)		15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.)	
<input type="checkbox"/> No, not Spanish/Hispanic/Latino  <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano  <input type="checkbox"/> Yes, Puerto Rican  <input type="checkbox"/> Yes, Cuban  <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native _____ <i>(Name of the enrolled or principal 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 (Specify) _____ <input type="checkbox"/> Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MEd, MA, MS, MEng, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, JD)	
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)				17. KIND OF BUSINESS / INDUSTRY	
18a. INFORMANT'S NAME		18b. RELATIONSHIP TO DECEDENT	18c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		

To be completed by the Funeral Home