DEATH RECORD WORKSHEET

Name of ancestor at death _____

Other names used (including a maiden name) _____

Variant spellings _____

Date of death (give approximate date if exact date isn't known) _____

Place of death (if known) _____

Place of burial (if known) _____

Statewide death registration start _____ City/county death registration dates _____

Contact to request official record, if extant _____

Online databases to search _____

_____

Microfilm to order _____

Newspapers to check for obituary/death notice _____

DEATH RECORD EXTRACTION FORM

Source citation: _____

Repository of original: _____

Date accessed: _____

Death record file number: _____

Deceased's name: _____

Place of death: _____

Date of death: _____

Cause of death: _____

Was there an autopsy? _____

Name of attending physician: _____

Place of burial: _____

Date of burial: _____

Funeral home or undertaker, name and address: _____

Sex: _____

Race: _____

Marital status: _____

Name of spouse: _____

Date of birth: _____

Place of birth: _____

Age at death: _____

Occupation: _____

Residence: _____

Name of father: _____

Birthplace of father: _____

Name of mother: _____

Birthplace of mother: _____

Informant: _____

Address: _____

Relationship to the deceased, if given: _____

Date certificate filed: _____