

LOUISIANA DEATH CERTIFICATE INFORMANT WORKSHEET

☐ Male ☐ Female Decedent's Age: _____

DECEDENT TAB	<p>Decedent's Name Last _____ First _____ Middle _____ Suffix _____</p> <p>Maiden Name _____ Social Security _____</p> <p>Date of Birth _____ Date of Death _____ Time of Death _____</p> <p>Decedent's Place of Birth Country _____ State _____ City _____</p> <p>Decedent's Residential Address Street Address _____ Country _____ State _____</p> <p>Parish or County _____ City _____ Zip _____</p> <p>Within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
	<p>Ever in Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Occupation _____ Industry _____</p> <p>Marital Status at Death _____</p> <p>Highest Level of Education _____ Race _____ Hispanic Origin? _____ <small>(if yes, list country)</small></p> <p>Surviving Spouse's Name (Given last name prior to first marriage) Last _____ First _____ Middle _____ Suffix _____</p> <p>Father's Name and Place of Birth Last _____ First _____ Middle _____ Suffix _____</p> <p>Country _____ State _____ City _____</p> <p>Mother's Name and Place of Birth (Give last name prior to first marriage) Last _____ First _____ Middle _____ Suffix _____</p> <p>Country _____ State _____ City _____</p> <p>Informant Information (Relationship to Decedent) _____</p> <p>Last _____ First _____ Middle _____ Suffix _____</p> <p>Street Address _____ Country _____ State _____</p> <p>Parish or County _____ City _____ Zip _____</p> <p>Phone# _____</p>
	PERSONAL TAB
	DEATH INFO TAB
	<p>Place of Death (hospital, nursing home, residence, etc.) _____</p> <p>Name of Facility (if applicable) _____</p> <p>If Death did not occur in a facility, list address: Address _____ Parish _____ City _____ Zip _____</p> <p>Name of Physician Attending or Pronouncing Death _____</p>