

# Brookings-Smith

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)			2. SEX		3. SOCIAL SECURITY NUMBER					
4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR Months      Days		4c. UNDER 1 DAY Hours      Minutes		5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTHPLACE (City and State or Foreign Country)		
7a. RESIDENCE-STATE			7b. COUNTY			7c. CITY OR TOWN				
7d. STREET AND NUMBER					7e. APT. NO.		7f. ZIP CODE			
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown <input type="checkbox"/> Domestic Partner (Registered)				10. SURVIVING SPOUSE/PARTNER NAME (If female, give first and maiden name)				
11. FATHER'S NAME (First, Middle, Last, Suffix)					12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)					
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT			13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)					
14. PLACE OF DEATH (Check only one; see instructions)										
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival					IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):					
15. FACILITY NAME (If not institution, give street & number)				16. CITY OR TOWN, STATE, AND ZIP CODE			17. COUNTY OF DEATH			
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Use By Medical Science <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):					19a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			19b. DATE OF DISPOSITION		
20. LOCATION-CITY, TOWN, AND STATE			21a. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY				21b. FUNERAL ESTABLISHMENT LICENSE NUMBER			
24. ACTUAL DATE OF DEATH (Mo/Day/Yr)			25. ACTUAL TIME OF DEATH		26a. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		26b. MEDICAL EXAMINER CASE NUMBER			
45. 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"/> 8th grade or less <input type="checkbox"/> 9th - 12th 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., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			46. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the first box if decedent is not Spanish/Hispanic/Latino. <input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino (Specify) _____			47. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <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"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____				
49. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)										
50. KIND OF BUSINESS/INDUSTRY										
51. REGISTRAR'S SIGNATURE					52. DATE FILED (Mo/Day/Yr)(Spell Month)					