

DEATH RECORD WORKSHEET

Name of ancestor at death: _____
 Other names used (including a maiden name): _____
 Variant spellings: _____
 Date of death (exact or approximate): _____
 Place of death (if known): _____
 Places of burial (if known): _____
 State death registration start: _____ City/county death registration dates: _____
 Contact to request official record (if extant): _____
 Restrictions on record access (if any): _____
 Online databases to search: _____

 Microfilm to order: _____
 Newspapers to check for obituary/death notice: _____
 Religious affiliation (if known): _____

DEATH RECORD EXTRACTION FORM

Source citation: _____
 Repository of original: _____
 Date accessed: _____
 Death record file number: _____

Deceased's name:	Sex:	Name of father:
Place of death:	Race:	Birthplace of father:
Date of death:	Marital status:	Name of mother:
Cause of death:	Name of spouse:	Birthplace of mother:
Was there an autopsy?:	Date of birth:	Informant:
Name of attending physician:	Place of birth:	Informant's Address: _____ _____ _____
Place of burial:	Age at death:	
Date of burial:	Occupation:	
Funeral home or undertaker name and address: _____ _____	Residence: _____ _____ _____	Relationship to the deceased, if given:
		Date certificate filed: