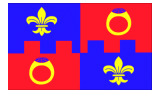




# State of Maryland - Department of Health and Mental Hygiene



## Certificate of Death ~ WORKSHEET

1. Decedent's Name, AKA Name <i>(if any)</i>				2. Date of Death	3. Time of Death
4a. Facility Name			4b. City, Town or Location of Death		4c. County of Death
5. Social Security Number	6. Sex	7. Age	8. Date of Birth	9. Birthplace	
Usual Residence of Decedent 10a. State	10b. County		10c. City, Town or Location		10d. Inside City Limits?
10e. Address					10f. Zip Code
11. Marital Status <small>1) Never married, 2) Married 3) Married, but separated, 4) Widowed, 5) Divorced</small>	12. Ever in U.S. Armed Forces?	13. Hispanic Origin?		14. Race	
15. Decedent's Education		16a. Decedent's Usual Occupation		16b. Business/Industry	
17. Father's Name			18. Mother's Name Prior to First Marriage		
19. Surviving Spouse's Name					
20a. Informant's Name		20b. Informant's Relationship	20c. Informant's Mailing Address		
21a. Method of Disposition	21b. Place of Disposition		21c. Date of Disposition	21d. Location	

**Certified Death Certificates are important legal documents.**

**Please proofread the above information and approve with your signature.**

Certified copies of the Maryland Death Certificate in Montgomery County cost:

\$18 for the first copy  
\$20 for each additional copy

Corrections must be made within 7 days, require documentation, incur a \$100 amendment fee, and any applicable fees from Maryland.

The Informant Name CAN NOT be changed at any time.

SIGNATURE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Number of Death Certificates Requested \_\_\_\_\_