LOUISIANA DEATH CERTIFICATE INFORMANT WORKSHEET

	Decedent's Name One of the male of the ma								
DECEDENT TAB	Last	First	First			Suffix			
	Date of Birth	Date of Death		Time o	of Death				
	Decedent's Place of Birth	edent's Place of Birth		Social Security #					
	Country	State		City					
۵	Decedent's Residence Address								
	Street Address	Country			State				
	Parish or County	City	ZIP	Wit	thin City Limits?				
	Alias (AKA) Last	First		Middle	[[Yes No Unknown			
	Ever in US Armed Forces?	Yes No Unknown	Occupation						
PERSONAL TAB	Marital Status at Death		Industry						
	Surviving Spouse's Name (Give last name prior to first marriage)								
	Last	First		Middle		Suffix			
	Father's Name and Place of	Birth				=			
	Last	First		Middle		Suffix			
	Country	State		City					
	Mother's Name and Place of Birth (Give last name prior to first marriage)								
	Last	First		Middle		Suffix			
	Country	State		City					
	Informant Information Relationship to Decedent:								
	Last	First		Middle		Suffix			
	Street Address	Country			State				
	Parish or County	City		ZIP					
	Highest Level of Education Comple	ted	Hispanic Origin?		Race				
DEATH INFO TAB	Place of Death (hospital, nursing home, residence, etc.)								
	Name of Facility (if applicable)								
TINE	If Death did not occur in facility, list address:								
EAT	Address	Parish		City		ZIP			
٦	Name of Physician Att	tending or Pronouncing Death				Rev 5/2012			

LOUISIANA DEATH CERTIFICATE FUNERAL HOME WORKSHEET

	Disposition Information			☐ To be removed from Continental U.S.?			
Death Info Tab	Burial Cremation Removal from State						
	Entombment Donation Other (Specify)						
	Place of Disposition			Date of Disposition			
	Country State		Parish/County				
	City	· ·					
Assignment Tab	Funeral Home			Branch			
	Funeral Director Assigned to Approve:						
Assignn	Was Coroner Notified?	○Yes	○No	OUnknown			

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