

WISCONSIN DEATH CERTIFICATE WORKSHEET

DECEDENT

| | | | | | | | |
|--|------------------------|-------------------------------------|--|---|--|---|--|
| Decedent's Current Legal Name - First | | Middle | | Last | | Suffix | |
| If Alias Used: Alias Name - First | | Middle | | Last | | Suffix | |
| Sex | Social Security Number | Date Pronounced Dead | Time Pronounced Dead (0000-2359) | Pronouncer's Name & Type | | | |
| Reportable to C/ME? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Hospice Responsible for Care? | Hospice Name | | | |
| State & County of Incident: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Hospital Death: | | Other Place of Death | | | | | |
| <input type="checkbox"/> Inpatient | | <input type="checkbox"/> Outpatient | | <input type="checkbox"/> DOA from NH | | <input type="checkbox"/> Decedent's Residence | |
| <input type="checkbox"/> DOA from Other | | <input type="checkbox"/> ER from NH | | <input type="checkbox"/> ER from Other | | <input type="checkbox"/> Nursing Home | |
| | | | | <input type="checkbox"/> Residence Care Apt (RCAC) | | <input type="checkbox"/> Hospice Facility | |
| | | | | <input type="checkbox"/> Adult Family Home (AFH) | | <input type="checkbox"/> CBRF | |
| | | | | <input type="checkbox"/> Other | | | |
| If Applicable, Facility Name: | | | County of Death | City, Village, Township of Death <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township | | | |
| Street Address | | | | | | Zip Code | |

DECEDENT DEMOGRAPHICS

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|---|--|--|---|------------------------|--------|--|
| Decedent's Birth Last Name | | Date of Birth (MM/DD/YYYY) | Age at Death | Country/State of Birth | | |
| | | | <input type="checkbox"/> Years <input type="checkbox"/> Hours | | | |
| | | | <input type="checkbox"/> Months <input type="checkbox"/> Mins | | | |
| | | | <input type="checkbox"/> Days | | | |
| Father's Birth Name - First | | Middle | Last | | Suffix | |
| Mother's Birth Name - First | | Middle | Last | | Suffix | |
| Decedent's Residence Country/State | | County of Residence | City, Village, Township of Residence <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township | | | |
| Decedent's Street Address | | | | | | |
| Zip Code | | | | | | |
| Decedent's Marital Status | | Surviving Spouse's Birth Name (First, Middle, Last, Suffix) | | | | |
| <input type="checkbox"/> Unknown | | | | | | |
| <input type="checkbox"/> Married | | <input type="checkbox"/> Divorced/Annulled | | | | |
| <input type="checkbox"/> Never Married | | <input type="checkbox"/> Widowed | | | | |
| Wisconsin Domestic Partnership at Death? | | Surviving Partner's Birth Name (First, Middle, Last, Suffix) | | | | |
| <input type="checkbox"/> Yes | | | | | | |
| <input type="checkbox"/> No | | | | | | |
| <input type="checkbox"/> Unknown | | | | | | |
| Informant's Relationship to Decedent | | Informant's Name (First, Middle, Last, Suffix) | | | | |
| Informant's Mailing Address (Street Address, City, State, Zip Code) | | | | | | |

DECEDENT STATISTICS

| | | | | | |
|---|--|---|--|--|---|
| Decedent of Hispanic/Spanish/Latino Origin? (Check all that apply) (Statistical Use Only-will not appear on certificate) | | Race (Check all that apply) (Statistical Use Only-will not appear on certificate) | | Guamanian or Charorro | |
| <input type="checkbox"/> Not Hispanic/Spanish/Latina(o) | | <input type="checkbox"/> White | | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Mexican/Mexican American/Chicana(o) | | <input type="checkbox"/> Black or African American | | <input type="checkbox"/> Other Pacific Islander | |
| <input type="checkbox"/> Puerto Rican | | <input type="checkbox"/> American Indian or Alaskan Native | | Specify: | |
| <input type="checkbox"/> Unknown | | Specify: | | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Cuban | | <input type="checkbox"/> Asian Indian | | Specify: | |
| <input type="checkbox"/> Other Hispanic/Spanish/Latina(o) | | <input type="checkbox"/> Chinese | | <input type="checkbox"/> Other Asian | |
| Specify: | | <input type="checkbox"/> Filipino | | Specify: | |
| | | <input type="checkbox"/> Native Hawaiian | | <input type="checkbox"/> Unknown | |
| Decedent's Education (Check the box that best describes the highest degree or level of school completed by the decedent.) (Statistical Use Only-will not appear on certificate) | | | | | |
| <input type="checkbox"/> 8th grade or less | | <input type="checkbox"/> Some college credit, but no degree | | <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) | |
| <input type="checkbox"/> 9th - 12th grade, no diploma | | <input type="checkbox"/> Associate degree (e.g., AA, AS) | | <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) | |
| <input type="checkbox"/> High school graduate or GED completed | | <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) | | <input type="checkbox"/> Unknown | |
| Decedent's Usual Occupation (Do not use "Retired") | | | Kind of Business or Industry of Decedent | | Was Decedent Ever in the Armed Forces? |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Was Decedent a Tribal Member? | | Name of Tribe(s) | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |

DISPOSITION

| | | | | | |
|---|--|----------------------|------------------------------|--|-------------------|
| Method of Disposition <input type="checkbox"/> Other, Specify: | | Place of Disposition | Country/State of Disposition | City, Village, Township of Disposition | |
| <input type="checkbox"/> Burial <input type="checkbox"/> Entombment | | | | | |
| <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Unknown | | | | | |
| Funeral Home Name | | | FH License Number | Funeral Home Phone Number | |
| Funeral Home Mailing Address | | | Funeral Director's Full Name | | FD License Number |