Worksheet for the Collection of Data for Ohio Death Certificate

This form was created to assist with the collection of data required by
the Ohio Electronic Death Registration System.

1. Decedent's Legal Name (Include AKA's if any)	**2. Sex** M - F - U

3. Date of Death ☐ Approximate ☐ Actual	**4. Social Security Number**	**6. Date of Birth**

7. Birthplace (City and State or Foreign Country)	**8a. Residence State**	**8b. County**

8c. City or Town	**8d. Street and Number**	**8e Apt. No.**

8f. Zip Code	**8g. Inside City Limits?** Y - N	**9. Ever in US Armed Forces?** Y - N Branch of service: Date of entry: Type of separation: Date of separation:	**10. Marital Status** ☐ Divorced ☐ Married ☐ Married but separated ☐ Never married ☐ Widowed

11. Surviving Spouse's Name (If Wife, maiden name)	**12. Decedent's Education** (If degree, specify)	**13. Decedent of Hispanic Origin?** Y - N

14. Decedent's Race	**14a. Decedent's Usual Occupation**	**14b. Kind of Business/Industry**

15. Father's Name	**16. Mother's Name** (prior to first marriage)

17a. Informant's Name	**17b. Relationship to Decedent**

17c. Mailing Address (Street and Number, City, State, Zip Code)

18a. Place of Death (circle one)

Decedent's home   -   Hospital–dead on arrival   -   Hospital–ER/outpatient   -   Hospital–inpatient

Hospice   -   Nursing home/long term care   -   Other

18b. Facility Name (If not Institution, street & number)	**18c. City or Town, State and Zip Code**	**18d. County of Death**

22a. Method of Disposition ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state	**22b. Date of Disposition**	**22c. Place of Disposition** (Name of Cemetery, Crematory, or other place)

22d. Location (City/Town and State)	**Cemetery Section, Lot, Grave Number**

26a. Name of Certifier	**26b. Military Time of Death**	**26d. Was Case referred to Coroner?** Y - N