

1. Decedent's Legal Name (First, Middle, Last, Suffix)					2. Sex	3. Date of Death (Month, Day, Year)	
4. Time of Death (Approx.)	5a. Age-Last Birthday (Yrs.)	5b. Under 1 Year Months    Days	5c. Under 1 day Hours    Minutes		6. Date of Birth (Month, Day, Year)	7. Birthplace (City, State or Foreign Country)	
<b>8a. Place of Death (Check only one)</b>							
IF DEATH OCCURRED IN A HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL [ ] Hospice Facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify) _____					
8b. Facility Name (If not institution, give street and number)			8c. City or Town			8d. County of Death	
9. Marital Status    [ ] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown		10. Surviving Spouse (if wife, give name prior to first marriage)		11a. Decedent's usual Occupation		11b. Kind of Business/Industry	
12. Social Security Number		13a. Residence-State or Foreign Country			13b. County		13c. City or Town
13d. Street and Number				13e. Inside City Limits [ ] Yes [ ] No		13f. Zip Code	14. Was decedent ever in US Armed Forces? [ ] Yes [ ] No
15. Decedent's Education (check the box that best describes the highest degree or level of school completed at the time of death) [ ] 8th grade or less [ ] 9th-12th grade, no diploma [ ] High School Graduate or GED Completed [ ] Some College credit, but no degree [ ] Associate degree (e.g., AA, AS, AAS) [ ] Bachelor's degree (e.g., BA, AB, BS) [ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) [ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) [ ] Unknown			16. Decedent of Hispanic Origin? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) [ ] No, not Spanish/Hispanic/Latino [ ] Yes, Mexican, Mexican American, Chicano [ ] Yes, Puerto Rican [ ] Yes, Cuban [ ] Yes, other Spanish/Hispanic/Latino (Specify) _____ [ ] Unknown			17. Decent's Race (Check one or more races to indicate what the decedent considered himself or herself to be). [ ] White [ ] Vietnamese [ ] Black or African American [ ] Other Asian (Specify) _____ [ ] American Indian or Alaska Native (Name o the enrolled or principal tribe) _____ [ ] Native Hawaiian [ ] Asian Indian [ ] Guamanian or Chamorro [ ] Chinese [ ] Samoan [ ] Filipino (Specify) _____ [ ] Other Pacific Islander [ ] Other (Specify) _____ [ ] Japanese [ ] Unknown	
18. Father's Name (First, Middle, Last)				19. Mother's Name Prior to First Marriage (First, Middle, Last)			
20a. Informant's Name		20b. Relationship to Decedent		20c. Mailing Address (Street and Number, City, State, Zip Code)			
21a. Method of Disposition [ ] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____			21b. Place of Disposition (Name of Cemetery, Crematory, other place)		21c. Location -City or Town and State		

The above information has been supplied and reviewed for accuracy by the family of the deceased and is presented as true and accurate. The family wishes the information provided by placed on the the final version of the Tennessee Death Certificate. Should the above information be found to be incorrect after the final death certificate is submitted to the State of Tennessee Department of Vital Records, the below signed acknowledges and agrees to paying a correction fee of \$98.00 to Nashville Funeral and Cremation. Any further changes will also be at the expense of the below signed. If correct information, as stated above, is placed incorrectly on the final death certicate by funeral home personnel, the funeral home will accept responsibility to correct the error at no charge.

\_\_\_\_\_  
Signature of Next of Kin (or representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Funeral Director/Arranger