

MFS ILLINOIS DEATH CERTIFICATE WORKSHEET

DECEDENT

INFO:

WHERE DEATH OCCURRED:

PLEASE PRINT

Fax to:

888.339.9449

OR

Email to:

Info@Muslim Funeral Services.com

MFS v .998

FULL NAME: (FIRST MIDDLE LAST) _____

SOCIAL SECURITY NUMBER: _____ **GENDER:** _____

RESIDENCE ADDRESS: _____

RESIDENCE ADDRESS (City, Zip) _____ **RESIDENCE COUNTY:** _____

CITY OF DEATH: _____ **COUNTY OF DEATH:** _____

DEATH INSIDE CITY LIMITS? YES _____ NO _____ **Was Coroner/ME contacted?** _____

DATE OF DEATH: _____ **TIME OF DEATH (if known):** _____

WHERE DID DEATH OCCUR: (ANSWER BELOW)

| | | | |
|---------------------------------------|-----------|----------------|-----------------|
| IF IN HOSPITAL: (CIRCLE DEPT) | INPATIENT | EMERGENCY ROOM | DEAD ON ARRIVAL |
| If OTHER than hospital, where: | RESIDENCE | NURSING HOME | HOSPICE |

FACILITY NAME: _____

ADDRESS (Street, City, Zip): _____

PHONE: _____

DATE OF BIRTH: _____ **BIRTHPLACE:** _____

FATHER'S FULL NAME: _____

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: _____

| | | | |
|---|---------------|-----------------------|---------|
| MARITAL STATUS: (CIRCLE ONE): | MARRIED | DIVORCED | WIDOWED |
| | NEVER MARRIED | MARRIED BUT SEPARATED | UNKNOWN |

SURVIVING SPOUSE'S NAME: (FOR WIFE, INCLUDE NAME PRIOR TO FIRST MARRIAGE) _____

| | | | |
|--------------------------------|-------------------------|------------------------|----------------------|
| EDUCATION: (CIRCLE ONE) | 8TH GRADE OR LESS | 9TH-12TH (NO DIPLOMA) | HIGH SCHOOL GRAD/GED |
| | SOME COLLEGE, NO DEGREE | ASSOCIATE'S | BACHELOR'S |
| | MASTER'S | DOCTORATE | UNKNOWN |
| | WHITE | BLACK/AFRICAN AMERICAN | ASIAN INDIAN |

RACE: (CIRCLE APPROPRIATE) _____

OTHER: (FILL IN) _____

OF HISPANIC ORIGIN? YES _____ NO _____

EVER IN US ARMED FORCES: YES _____ NO _____

OCCUPATION (DO NOT WRITE "RETIRED"): _____

BUSINESS/INDUSTRY (DO NOT USE COMPANY NAME): _____

DOCTOR

SIGNING

CERTIFICATE:

INFORMANT

INFO:

DELIVERY INFO

FOR DEATH

CERTIFICATES

NAME: _____

ADDRESS (Street, City, Zip): _____

PHONE: _____ **FAX:** _____

NAME: _____

RELATIONSHIP TO DECEASED: _____

ADDRESS (Street, City, Zip): _____

PHONE NUMBER: _____

EMAIL: _____

DEATH CERTIFICATES PROCESSING: (A \$50 SHIPPING & PROCESSING CHARGE WILL BE ADDED FOR ALL MAILINGS)

_____ **PICK-UP BY SELF** **OR** **Mail To:** _____ DECEDENT'S _____ INFORMANT'S

NUMBER OF DEATH CERTIFICATES:

| | | | |
|-------------------------|-----------------|----------------------------|--|
| OFFICE USE ONLY: | Cemetery: _____ | Date of Disposition: _____ | Merchandise: _____ |
| | | | PAID: STATEMENT: _____ CERTIFICATES: _____ |