



NORTH DAKOTA FUNERAL DIRECTOR'S WORKSHEET FOR COMPLETING A FACTS OF DEATH RECORD
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF VITAL RECORDS
 SFN 58647 (8-2007)

1. Decedent's Legal Name (First, Middle, Last, Suffix)		Also Known As (AKA) (1)	
Also Known As (AKA) (2)		2. Gender	
3. If Female, Maiden Name (last name prior to marriage)		4. Social Security Number	5. Date of Death
6. Date of Birth	7. Age (in years) at Last Birthday	If under 1 Months Days	If under 1 day Hours Minutes
8. Place of Birth - State or Foreign Country. If Canada, please also list province.			
9. Address Where Decedent Usually Lived		Apartment Number	Inside City Limits
City	County	State	Zip Code
10. Decedent in United States Armed Forces	11. Marital Status of Deceased		
12. Surviving Spouse's Name (First, Middle, Last) If wife, give last name prior to first marriage.			
13. Decedent's Father's Name (First, Middle, Last, Suffix)		14. Decedent's Mother's Name Prior to First Marriage (First, Middle, Last, Suffix)	
15. Informant's Name (First, Middle, Last, Suffix)		16. Informant's Relationship to Decedent	
17. Informant's Mailing Address		City	State Zip Code
18. Death Occur in a Hospital (If YES, complete facility information) - Complete facility information			
Facility Name			
City	County	State	Zip Code
19. Death Occurred Somewhere Other Than a Hospital			
Facility Name (if not in an institution, give street and number)			
City	County	State	Zip Code
20. Method of Disposition			
21. Place of Disposition			
Name of Cemetery, Crematory, or Other			
City	County	State	
22. Decedent's Level of Education			

23. Decedent of Hispanic Origin (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check NO if the decedent is not Spanish/Hispanic/Latino.			
24. Decedent's Race - Check one or more races to indicate what the decedent considered himself or herself to be.			
25. What is the Decedent's Ancestry - Check one or more races to indicate what the decedent considered himself or herself to be.			
26. Decedent's Usual Occupation (Indicate the type of work done during most of the decedent's working life, DO NOT USE RETIRED, e.g. High School Teacher, Airman 1st Class, Electronic Assembler)			
27. Business or Industry Where the Decedent Usually Worked (e.g. High School, Hospital, Air Force, Manufacturing - Computers, Retail - Department Store, Grocery Store)			

28. Signature of Funeral Director		29. License Number	
30. Name of Funeral Home		Date of Signature	
Address	City	State	Zip Code
31. Telephone Number	32. Fax Number		

Instructions for Funeral Director's Worksheet

ITEM 1 - DECEDENT'S LEGAL NAME

Include any other names used by decedent. If substantially different from the legal name, after the abbreviation AKA (also known as) e.g. Samuel Langhorne Clemens AKA Mark Twain, but not Jonathon Doe AKA John Doe.

ITEM 6 - DATE OF BIRTH

Enter the full name of the month (January, February, March etc.) Do not use a number or abbreviation to designate the month. Use the full Century.

ITEM 8 - PLACE OF DEATH

The place where the death is pronounced should be considered the place where death occurred. If the place of death is unknown but the body is found in your State, the certificate of death should be completed and filed in accordance with the laws of your State. Enter the place where the body is found as the place of death. Residence refers to decedent's home. If some other residence indicate it under other.

ITEM 9 - RESIDENCE OF DECEDENT (Information divided into seven categories)

Residence of decedent is the place where the decedent actually resided. The place of residence is not necessarily the same as "home state" or "legal residence". Never enter a temporary address such as one used during a visit, business trip, or vacation. Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence. If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, assisted living center, penitentiary, or hospital for the chronically ill, report the location of that facility in item 14. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Never use an acute care hospital's location as the place of residence for any infant. If Canadian residence, please specify province instead of State.

ITEM 12 - SURVIVING SPOUSE'S NAME

If the decedent was married at the time of death, enter the full name of the surviving spouse. If the surviving Spouse is the wife, enter her name prior to first marriage. This item is used in establishing proper insurance settlements and other survivor benefits.

ITEM 14 - MOTHER'S NAME PRIOR TO FIRST MARRIAGE

Enter the name used prior to first marriage, commonly known as maiden name. This name is useful because it remains constant throughout life.

ITEM 22 - DECEDENT'S EDUCATION

From the Funeral Director's Worksheet, indicate the Highest. **Information in this section will not appear on the certified copy of the death certificate. This information is used to study the relationship between mortality and education, (which roughly corresponds with socioeconomic status). This information is valuable in medical studies of causes of death and in programs to prevent illness and death.**

ITEM 23 - DECEDENT'S HISPANIC ORIGIN

Check "No" or check the "Yes" box that best corresponds with the decedent's ethnic Spanish identity as given by the informant. Note that "Hispanic" is not a race and item 22 must also be completed. Do not leave this item blank. With respect to this item, "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country or origin or a parent, grandparent, or some far removed ancestor. Although the prompts include the major Hispanic groups, other groups may be specified under "other". "Other" may be used for decedents of multiple Hispanic origin (e.g. Mexican-Puerto Rican). **Information in this section will not appear on the certified copy of the death certificate. This information is needed to identify health problems in a large minority population in the United States. Identifying health problems will make it possible to target public health resources to this important segment of our population.**

ITEM 24 - DECEDENT'S RACE

Enter the race of the decedent as state by the informant. Hispanic is not a race; information on Hispanic ethnicity is collected separately in item 52. American Indian and Alaska Native refer only to those native to North American and does not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g. Sioux, Cheyenne, etc) for American Indian or Alaska Native. For Asians check Asian Indian, Chines, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group. For Pacific Islanders check Guamanian or Chamorro, Samoan, or specify other Pacific Island Group. If the decedent was of mixed race, enter each race (e.g. Samoan – Chinese – Filipino or White, American Indian). **Information in this section will not appear on the certified copy of the death certificate. Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine if specific health programs are needed in particular areas to make population estimates.**

ITEM 26 and 27 - OCCUPATION AND INDUSTRY

Questions concerning occupation and industry must be completed for all decedents 14 years of age or older. This information is useful in studying deaths related to jobs and in identifying any new risks. For example, the link between lung disease and lung cancer and asbestos exposure in jobs such as shipbuilding or construction was made possible by this sort of information on death certificates. **Information in this section will not appear on the certified copy of the death certificate.**

ITEM 26 - DECEDENT'S USUAL OCCUPATION

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent. Never enter "retired". Give kind of work decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter "homemaker". Enter "student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life. **Information in this section will not appear on the certified copy of the death certificate.**

ITEM 27 - KIND OF BUSINESS/INDUSTRY

Kind of business to which occupation in item 54 is related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. DO NOT enter firm or organization names. If decedent was a homemaker as indicated in item 23, then enter either "own home" or "someone else's home" as appropriate. If decedent was a student as indicated in item 23, the enter type of school such as high school or college in item 55. **Information in this section will not appear on the certified copy of the death certificate.**