## NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES N.C. VITAL RECORDS CERTIFICATE OF DEATH

STATE FILE NO. \_

10.0	DECEDENT'S LEGAL NAME															
DECEDENT CYPE/PRINT IN	1a. FIRST			16. MIDDLE					1c. LAST			1d. S	UFFIX [		AME PRIOR TO I	RST
PERMANENT													l	MARRI	AGE	
BLACK, BLUE- BLACK OR	aka			aka					aka			aka				
BLUE INK	2. SEX   13a, AGE-LAST   13b, U			NDER 1 3c, UNDER 1 DAY 4, DATE OF B					 RTH		PLACE (County)	State or Fore	lan Count	nals Däte	OF DEATH	
	BIRTHDAY (Yrs)			YEAR .				1 1200011				igii Coursi	, DAIL	OI DEATH		
			Months	Days	nouis	Minutes										
	7a. PLACE O	F DEATH	<u>}</u>		<u> </u>	7b. FACILITY NAME (If not institution, give street, number, city or to						lown)				
	7c. COUNTY	OF DEATH		8. MARITAL STATUS					9. SURVIVING SPOUSE (Give name prior to first ma				t marriage	e)		······································
									·				• •			
	10a, DECEDE	NT'S USUAL OCCL	<u> </u>	10b, KIND OF BUSINESS/INDUST				TRY			11	11. DECEDENT'S SOCIAL SECURITY				
											NUMBER					
	12a, RESIDE		140					DEDIDE	tion over							
	IZA, RESIDE		12	12b, RESIDENCE-COUNTY			120	12c. RESIDENCECITY OR TOWN								
	IA I BEOLDE	10- 0-0														
	12d. RESIDENCE-STREET AND NUMBER						12e, INSIDE CITY LIMITS 12i			12f. ZIP CODE	IP CODE 13. WAS DECEDENT EVER IN U.S ARMED FORCES?			NT EVER IN U.S. ES?		
	A DECEMBE															
	14. DECEDEN		15. DECEDENT OF HISPANIC OR				IGINY 116, DEC		6. DECEDENT	CEDENT'S RACE						
PARENTS	17. FATHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage)														age)	
	19a, INFORMANT'S NAME 119b, RELATIONSHIP TO DECEDENT 119c, MAILING ADDRESS (Street and Number, City, State, Zin, Code)															
	19a, INFORM	ANT'S NAME	19	19b. RELATIONSHIP TO DECEDENT				19c, MAILING ADDRESS (Street and Number, C			imber, City, S	City, State, Zip Code)				
DISPOSITION	20a. METHOE	OF DISPOSITION			20b. F	(20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)						ce) 20c, LOC	Oc. LOCATION (City or Town and State)			
	21a, SIGNATU						21b. LICENSE NO.		21c. NAME	21c. NAME OF EMBALMER		2	1d, LICENSE NO.			
	22, NAME AND ADDRESS OF FUNERAL HOME													,		
								~~~								

Block 8:

Married, Separated, Divorced or Widowed

Block 10a & 10b: Do not use "Retired"; must be occupation and industry for work as an adult. The funeral director can assist with questions about these fields.

Block 12e and 13 Yes or No