

**ALABAMA**  
**CERTIFICATE OF DEATH**      STATE FILE NO. **101**

TYPE IN PERMANENT DARK INK

1. DECEASED LEGAL NAME (First, Middle, Last) (Type last name all capitals)			2. LAST NAME PRIOR TO FIRST MARRIAGE		3. COUNTY OF DEATH	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE			5. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. PLACE OF DEATH (Facility Name) - Hospital or Other Institution - (If not in either, give street and number)	
7. IF HOSPITAL (Specify Inpatient, ER, Outpatient, or DOA)			8. SEX <input type="checkbox"/> Unknown <input type="checkbox"/> Female <input type="checkbox"/> Male		9. SOCIAL SECURITY NUMBER	
11. AGE - Last Birthday (Years)		UNDER 1 YEAR		UNDER 1 DAY		12. DATE OF BIRTH (Month, Day, Year)
		Months	Days	Hours	Minutes	
14. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. SURVIVING SPOUSE (NAME PRIOR TO FIRST MARRIAGE)			16. DECEASED RESIDENCE-STATE	
17. COUNTY		18. CITY, TOWN, OR LOCATION AND ZIP CODE		19. STREET ADDRESS (Apt, Lot, Unit - If applicable)		20. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)				22. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
23. INFORMANT NAME AND RELATIONSHIP TO DECEASED			24. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, County, Zip Code, Apt, Lot)			
25. DATE OF DISPOSITION (Month, Day, Year)				25. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Hospital Disposal <input type="checkbox"/> Medical Donation <input type="checkbox"/> Other (Specify): _____		
27. CEMETERY OR CREMATORY (Name)				28. LOCATION (City or Town, State)		
29. FUNERAL HOME (Name and Address)					30. FUNERAL HOME (License Number)	
31. FUNERAL DIRECTOR - SIGNATURE			32. DATE SIGNED BY FUNERAL DIRECTOR (Month, Day, Year)		33. FUNERAL DIRECTOR (License Number)	
34. _____ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." _____ Medical Examiner   _____ Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner stated." Signature: _____					35. DATE SIGNED (Month, Day, Year)	
36. DATE OF DEATH (Month, Day, Year)		37. TIME OF DEATH		38. DATE PRONOUNCED DEAD (Month, Day, Year)		39. TIME PRONOUNCED DEAD
40. NAME, ADDRESS, CITY, STATE, AND ZIP CODE OF PERSON CERTIFYING CAUSE OF DEATH (Item 4)					41. LICENSE NUMBER	
42. REGISTRAR - Signature				FOR STATE OR COUNTY USE ONLY		43. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year)

<b>FUNERAL HOME USE ONLY -- DO NOT DETACH</b>		
58. HOSPICE CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	60. DECEASED RACE (Check one or more races to indicate what the decedent considered himself or herself to be). <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown	61. DECEASED EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death). <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Trade school <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown
59. DECEASED OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent was not Spanish/Hispanic/Latino). <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unknown	62. DECEASED USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).	
		63. KIND OF BUSINESS/INDUSTRY