



Dear Informant,

The New York City Department of Health and Mental Hygiene (NYC Health Department) issues death certificates for all people who die in one of the five boroughs of NYC. As the Informant, you are providing personal information about the deceased, referred to here as the Decedent.

Both public health and medicine rely on complete and accurate data about the Decedent. This information is valuable for understanding the health of New Yorkers, including causes of death, through personal information such as race and borough of residence. It also helps create programs to prevent illness and death. It is important that you provide complete and accurate information for all the questions.

Decedent:

What was the Decedent's legal name? This item is used to identify the Decedent. If the Decedent has more than one first, middle or last name, enter them both within the appropriate fields below.

First Name	Middle Name	Last Name	Suffix

Enter alias names, if any, in the Aliases or Also Known As (AKA) fields below. The alias is another name the Decedent used or was known as that is different than their legal name. This does not include any nicknames the Decedent had.

Aliases or AKAs

First Name	Middle Name	Last Name	Suffix

Aliases or AKAs

First Name	Middle Name	Last Name	Suffix

What were the Decedent's date of birth and age on their last birthday, or age at death if younger than 1 year old or 1 day old?

____ / ____ / ____
 Month Day Year

Age on last birthday (in years): ____

If Younger Than 1 Year Old		If Younger Than 1 Day Old	
Months	Days	Hours	Minutes

What was the Decedent's Social Security number (SSN)? This item is useful in identifying the Decedent and facilitates the filing of Social Security claims.

Did not have a SSN Do not know **SSN:** ____ - ____ - ____

Where was the Decedent born? Enter the Decedent's birthplace. If the Decedent was born in the U.S. or Canada, also include the state or province. For other countries, you are not required to list a city or state. Enter the country name as it exists now or existed at the time of the Decedent's birth. If none of this information is known and cannot be obtained, enter "Unknown."

City	State or Province	Country

Did the Decedent ever serve in the U.S. Armed Forces? This is used to identify decedents who were U.S. veterans. The U.S. Armed Forces includes the Air Force, Army, Coast Guard, Marine Corps, Navy and Space Force.

Yes No Unknown

Decedent's Residence: The residence is the actual address of the place where the Decedent lived. Do not enter a post office box or other address used for mailing purposes only. Enter the state or province if the country is the U.S. or Canada. This information is used to understand the health of neighborhoods and evaluate the availability and use of services by neighborhoods.

Street Number and Name		Apartment, Suite, Building or Floor
City or Town	County	State or Province
ZIP Code	Country	Did the Decedent live within the limits of the city or town entered above? <i>If the Decedent resided in the five boroughs of NYC, their residence was inside the city or town limits.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Family Members: Enter the Decedent's marital status, surviving spouse (if applicable) and parents' names. Each name will appear on the Decedent's death certificate. Separate the first, middle and last name fields in the boxes below.

What was the marital status of the Decedent?

- Married Domestic partnership Divorced Married but separated Never married
 Widowed Other (specify: _____) Unknown

If the Decedent was unmarried, skip to their father's name.

What is the name of the surviving spouse/partner? (If wife, name prior to first marriage)

First Name	Middle Name	Last Name	Suffix
------------	-------------	-----------	--------

What is the name of the Decedent's father/parent?

First Name	Middle Name	Last Name	Suffix
------------	-------------	-----------	--------

What is the name of the Decedent's mother/parent (prior to first marriage)?

First Name	Middle Name	Last Name	Suffix
------------	-------------	-----------	--------

Informant: Print the Informant's name exactly as you want it to appear on the death certificate. Separate the first, middle and last names in the boxes below. The Informant should not be the Decedent.

What is the name of the Informant?

First Name	Middle Name	Last Name	Suffix
------------	-------------	-----------	--------

What is the relationship of the Informant to the Decedent?

- Husband Spouse Wife Father Mother Brother Sister Son Daughter
 Niece Nephew Aunt Uncle Cousin Friend Public administrator
 Other (specify: _____)

What is the address of the Informant?

Street Number and Name	Apartment, Suite, Building or Floor
City or Town	State
ZIP Code	Country

Is the person authorizing disposition (burial or cremation) the same as the Informant?

Yes No

If yes, skip to the phone and email. If no, enter the name of the Authorizer below.

What is the name of the Authorizer?

First Name	Middle Name	Last Name	Suffix

What is the relationship of the Authorizer to the Decedent?

- Husband Spouse Wife Father Mother Brother Sister Son Daughter
 Niece Nephew Aunt Uncle Cousin Friend Public administrator
 Other (specify: _____)

What is the address of the Authorizer?

Street Number and Name	Apartment, Suite, Building or Floor
City or Town	State
ZIP Code	Country

Phone: (___ ___) ___ ___ - ___ ___ ___

Email: _____

Disposition: Select the type of funeral services and location of disposition.

Will you be requesting a City Burial for the Decedent? City Burial is when the Office of the Chief Medical Examiner buries the Decedent at the City Cemetery on Hart Island. This serves as NYC's public cemetery.

Yes No

If no, complete the fields below. If yes, skip to the Occupation and Industry section.

What is the method of disposition?

- Burial Cremation Entombment Other (specify: _____)

What is the place of disposition? Enter the name of the cemetery, crematory or other place of disposition.

Place of Disposition	
City or Town	State
ZIP Code	Country

Occupation and Industry: Information about the Decedent’s job helps the NYC Health Department learn more about how certain occupations and industries may affect health and create policies to protect such groups of workers. Certain job conditions, such as exposures to toxic paints and chemicals and high-stress industries, may affect health and be linked to certain health conditions.

How to provide the best information:

- The Decedent may have had many different occupations and places of business during their life. Report the job the Decedent worked at the longest.
- If the Decedent was younger than age 14, enter “Infant” or “Child” for both items.
- If the Decedent was a student and unemployed, enter “Student” as their occupation and the type of school (such as “High School” or “College”) as their industry.
- If the Decedent was retired or unemployed, enter the kind of work done they did during most of their life.
- If the Decedent was a homemaker, enter “Homemaker” as their occupation and “Own Home” as their industry.
- If the Decedent was not a student or homemaker and never worked during their life, enter “Never Worked” for both fields.

What was the Decedent’s usual occupation or job during their lifetime? *For example, cashier, bank teller, nurse or attorney.*

In what industry did the Decedent perform this occupation or job? *For example, food service establishment, banking, health care or legal.*

Education: Information about the Decedent’s education helps researchers understand trends in age and education levels in NYC residents, reading level required for health education materials, health information needs, and other factors that may affect health.

What was the highest degree or level of school that the Decedent completed?

- | | |
|--|---|
| <input type="checkbox"/> 8th grade or less, or none | <input type="checkbox"/> 9th to 12th grade (no diploma) |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Some college, but no degree |
| <input type="checkbox"/> Associate degree (such as AA or AS) | <input type="checkbox"/> Bachelor’s degree (such as BA, AB or BS) |
| <input type="checkbox"/> Master’s degree (for example, MA, MS or MBA) | |
| <input type="checkbox"/> Doctorate (for example, PhD or EdD) or professional degree (for example, MD, DDS, DBM, LLB or JD) | |
| <input type="checkbox"/> Unknown | |

Ancestry and Race:

Ancestry refers to the country where their ancestors (parents, grandparents or great-grandparents) were born. If they were born in the U.S. but have ancestors that were born in different countries, all those places may be part of their ancestry. Information on ancestry helps researchers understand more about genetic conditions, cultures, and locations of existing and new ethnic communities that may affect the availability of quality care services and medical programs.

What was the Decedent's ancestry?

Hispanic/Latino **Not** Hispanic/Latino Unknown

What was the Decedent's ancestry origin? *Enter what they considered themselves most to be. For example, Mexican, Puerto Rican, Italian, African American, Haitian, Pakistani or Ukrainian.*

Race is a way to group people who come from similar countries and share cultural practices or physical characteristics. Information about race helps researchers understand more about death rates, health conditions and other factors relating to race that affect health service needs in NYC.

What was the Decedent's race? Race is defined by the U.S. Census. Hispanic/Latino is not a race according to the U.S. Census. Check all that apply to describe how the Decedent identified themselves.

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other (specify: _____) |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian (specify: _____) |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islander (specify: _____) |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Unknown |