

Required Biographical Information for Louisiana Certificate of Death

Decedent's name: *(last, first, middle, suffix)*: _____

Date of birth: _____ Date of death: _____

Sex: _____ Social Security Number: _____ Age: _____

Residence of decedent: *(street address, city, parish, state, zip code, country)*: _____

Ever in U.S. Armed Forces? _____ Occupation: *(type of work most of life, never use retired)* _____ Industry: *(kind of business)* _____

Marital Status: _____ Name of surviving spouse: *(name prior to first marriage)*

Last, first, middle, suffix: _____

Father's name: *(Last, first, middle, suffix)* _____

Father's place of birth: *(city, state, country)* _____

Mother's name: *(maiden last, first, middle)* _____

Mother's place of birth: *(city, state, country)* _____

Informant's name: *(last, first, middle, suffix)* _____

Informant's address: *(street address, city, state, zip code, country)* _____

Education: _____ Of Hispanic origin: _____

Race: _____ Place of death: _____

Facility address: *(if not in facility, give street address, city, state, zip code, country)* _____
