Worksheet for the Collection of Data for Ohio Death Certificate
This form was created to assist with the collection of data required by The Ohio Electronic Death Registration System.

1. Decedent's Legal Name (First Middle Last)		Include Any Alias Names Or AKA's For Decedent	
2. Sex Of Decedent	3. Date of Death	Actual or Approximate Date of Death	4. Social Security Number
6. Date of Birth	7. Birthplace (City and State or Foreign Country)	8a. State of Residence	8b. County of Residence
8c. City or Town of Residence	8d. Address (Number and Street)		8e. Apartment Number
8f. Postal Zip Code	8g. Inside City Limits?	9a. Armed Services Member?	9b. Branch of Service
9c. Entry Date of Service?	9d. Date of Separation?	9e. Type of Separation	10. Marital Status
11. Surviving Spouse's Name (If Wife, List Maiden Name)		12. Decedent's Education (If Degree, Specify)	13. Decedent of Hispanic Origin?
14. Decedent's Ethnic Origin	14a. Decedent's Usual Occupation		14b. Kind of Business/Industry
15. Father's Name		16. Mother's Name (Prior to first marriage)	
17a. Informant's Name		17b. Relationship to Decedent	
17c. Informant's Mailing Address (Number and Street, City, State, Zip Code)			
18a. Place of Death (Select One)	18b. Facility Name (If Not Institution, Number and Street)		
18c. City or Town, State, and Zip Code		18d. County of Death	22a. Method of Disposition (Select One)
22b. Date of Disposition	22c. Place of Disposition (Name of Cemetery, Crematory, or Other Place)		
22d. Location (City or Town and State)		Cemetery Section, Lot, Grave Number	
26a. Name of Certifier	26b. Military Time of Death		26d. Was Case Referred To Coroner?

** Note: All dates listed above are in the Month-Day-Year format.

Ohio Department of Health   **Revised 01/08/07**