

North Dakota CERTIFICATE OF DEATH State Department of Health

This electronic Certificate of Death is provided
courtesy of Boulger Funeral Home.

1. DECEDENT'S NAME (First, Middle, Last)				2. SEX		3. DATE OF DEATH (Month, Day, Year)	
4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (years)	5b. UNDER 1 YEAR		5c. UNDER 1 DAY		6. DATE OF BIRTH (Month, day, year)	7. BIRTHPLACE (City and State or Foreign Country)
		Months	Days	Hours	Minutes		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)		9a. PLACE OF DEATH (Check only one)					
		HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (specify)		
9b. FACILITY NAME (if not institution, give street and number)				9c. CITY, TOWN, OR LOCATION OF DEATH		9d. COUNTY OF DEATH	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		11. SPOUSE (if wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		12b. KIND OF BUSINESS/INDUSTRY	
13a. RESIDENCE - STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER	
13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. ANCESTRY (e.g. Cuban, Mexican, Puerto Rican, English, German, Norwegian, etc.) (Specify)		15. RACE - American Indian, Black, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12) College (1-4 or 5+)	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden Surname)			
19a. INFORMANT'S NAME (Type/Print)				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			20c. LOCATION - City or Town, State	
21. SERVICE TIME			22. SERVICE PLACE			23. PASTOR	

Boulger
FUNERAL HOME



FREDRIKSON · BOULGER
Funeral Chapel

WB
WILDEMAN · BOULGER
Funeral Home