



**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 (YEARS)	5B UNDER 1 YEAR (MONTHS / DAYS)		5C UNDER 1 DAY (HOURS / MINUTES)
6 DATE OF BIRTH (MONTH, DAY, YEAR)		7 BIRTHPLACE - CITY AND STATE OR FOREIGN COUNTRY	
8 WAS THE DECEDENT EVER IN THE U.S ARMED FORCES? (YES OR NO)			
9A PLACE OF DEATH (CHECK ONLY ONE)			
INPATIENT	ER/OUTPATIENT	DOA	NURSING HOME RESIDENCE
			OTHER (SPECIFY)
9B FACILITY NAME (IF NOT INSTITUTION, GIVE STREET NAME AND NUMBER)			
9C CITY, TOWN OR LOCATION OF DEATH		9D COUNTY OF DEATH	
10 MARITAL STATUS (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED)			
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 OR LOCATION	
13D STREET AND NUMBER		13E IN CITY LIMITS (YES OR NO)	13F ZIP CODE
14 ANCESTRY (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			
19B MAILING ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE)			
20A METHOD OF DISPOSITION (CHECK ONE)			
BURIAL	CREMATION	REMOVAL FROM STATE	DONATION
			OTHER (SPECIFY)
20B PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)			
20C LOCATION (CITY OR STATE)			