DEATH RECORD WORKSHEET

Name of ancestor at death: ____________________________________________________________
Other names used (including a maiden name): ____________________________________________
Variant spellings: ________________________________________________________________
Date of death (exact or approximate): ________________________________________________
Place of death (if known): __________________________________________________________
Places of burial (if known): _________________________________________________________
State death registration start: __________ City/county death registration dates: __________
Contact to request official record (if extant): __________________________________________
Restrictions on record access (if any): ________________________________________________
Online databases to search: _________________________________________________________
 ________________________________________________________________________________
Microfilm to order: __________________________________________________________________
Newspapers to check for obituary/death notice: _______________________________________
Religious affiliation (if known): _____________________________________________________

DEATH RECORD EXTRACTION FORM

Deceased’s name: | Sex: | Name of father: |
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Place of death: | Race: | Birthplace of father: |
Date of death: | Marital status: | Name of mother: |
Cause of death: | Name of spouse: | Birthplace of mother: |
Was there an autopsy?: | Date of birth: | Informant: |
Name of attending physician: | Place of birth: | Informant’s Address: |
Place of burial: | Age at death: | ______________________ |
Date of burial: | Occupation: | ______________________ |
Funeral home or undertaker name and address: | Residence: | Relationship to the deceased, if given: |
|____________________|____________________|____________________|
Adapted from Family Tree Magazine, Death Record Workbook, David A Fryxell, Oct/Nov 2013