

OKLAHOMA DEPARTMENT OF CORRECTIONS
Certificate of Death Information Report
(Please print or type all information)

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1. Decedent's legal name (first, middle, last, suffix): _____
 - 1a. Last name prior to first marriage: _____
 2. Gender: _____
 3. Social security number: _____
 4. Ever in US Armed Forces?: _____
 5. Age (last birthday in years): _____
 6. Date of birth (month, day, year): _____
 7. Birthplace (city and state or foreign country): _____
 - 8a. Residence (state): _____
 - 8b. Residence (county): _____
 - 8c. Residence (city or town): _____
 - 8d. Residence (zip code): _____
 - 8e. Residence (inside city limits?): _____
 - 8f. Residence (street and number): _____
 - 8g. Residence (apartment number): _____
 9. Marital status at time of death: Married/Never married/Widowed/Divorced/Married, but separated/Unknown
 10. Surviving spouse's name (if wife, give name prior to first marriage): _____
 11. Father's name (first, middle, last): _____
 12. Mother's name prior to first marriage (first, middle, last): _____
 13. Decedent of Hispanic origin?: _____
 14. Decedent's race: _____
 15. Decedent's education: _____
 16. Decedent's usual occupation (indicate type of work done during most of working life-DO NOT USE RETIRED):

 17. Kind of business/industry: _____
 - 18a. Informant's name: _____ Telephone number: _____
 - 18b. Relationship to decedent: _____
 - 18c. Mailing address (street and number, city, state, zip code): _____

***Attach the following forms and fax them to the contracted cremation facility:**

- (1) "Authorization for Cremation and Disposition" form (DOC140111B)**
- (2) "Application and Permit for Disposal of Human Remains" form**