OMB CONTROL NUMBER: 0720-COFD

OMB EXPIRATION DATE: XX/XX/XXXX

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0720-COFD, is estimated to average less than 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

# DD Form 2064 – Certificate of Death Information Worksheet

Please provide the following information in order to expedite the issuance of the DD Form 2064 – Certificate of Death issued by the Armed Forces Medical Examiner System.

# DECEASED BIOGRAPHICAL INFORMATION

FIRST NAME: MIDDLE NAME: LAST NAME: SOCIAL SECURITY NUMBER:

DATE OF BIRTH: Month:  Day: Year: RACE/ETHNICITY (*Select all that apply):*

□ American Indian or Alaska Native □ Asian □ Black or African American

□ Hispanic or Latino □ Middle Eastern or North African

□ Native Hawaiian or Pacific Islander □ White

RELIGION: CITIZENSHIP:

MARITAL STATUS: □ SINGLE □ MARRIED □ WIDOWED □ DIVORCED □ SEPARATED **DECEASED EMPLOYER INFORMATION**

ORGANIZATION: RANK/GRADE (if applicable):

BRANCH OF SERVICE (if applicable):

**NEXT OF KIN INFORMATION** Relationship to Deceased:

FIRST NAME:

MIDDLE NAME:

LAST NAME:

FULL ADDRESS: (No P.O. Box Numbers please, Death Certificates are delivered via FEDEX) STREET:

CITY: STATE: ZIP:

TELEPHONE: (for use for FEDEX shipment point of contact only)

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