

CERTIFICATE OF DEATH

OMB No. 0720-COFD
Expires YYYYMMDD

The public reporting burden for this collection of information 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@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.

DEMOGRAPHICS

1. NAME OF DECEDENT (<i>Last, First, Middle</i>)		2. SEX	3. RACE AND ETHNICITY (<i>Select All That Apply</i>)		
			<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> ASIAN	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN
			<input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> MIDDLE EASTERN OR NORTH AFRICAN	<input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER
			<input type="checkbox"/> WHITE		
4. SOCIAL SECURITY NO.	5. DATE OF BIRTH	6. AGE	7. BIRTHPLACE (<i>City, State/Country</i>)		
8. DECEDENT'S RESIDENTIAL ADDRESS (<i>Street Number and Name, APT., City, State, Zip Code</i>)					9. COUNTY
10. MARITAL STATUS: <input type="checkbox"/> SINGLE OR NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN					11. HIGHEST EDUCATION LEVEL
12. NAME OF PRIMARY NEXT-OF-KIN			13. RELATIONSHIP TO DECEDENT		
14. MAILING ADDRESS OF PRIMARY NEXT-OF-KIN					
15. NAME OF DECEDENT'S FATHER		16. MAIDEN NAME OF DECEDENT'S MOTHER		17. SERVED IN ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," enter branch of service:	

CAUSE OF DEATH

18. DATE OF DEATH	19. TIME OF DEATH	20. LOCATION OF DEATH			
21. PART 1. IMMEDIATE CAUSE OF DEATH					21b. INTERVAL
21c. DUE TO:		21d. INTERVAL	21. PART 2. OTHER SIGNIFICANT CONDITIONS		
21e. DUE TO:		21f. INTERVAL			
22. MANNER OF DEATH: <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> NATURAL <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING			23. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
24. HOW INJURY OCCURRED			25. DATE/TIME/LOCATION INJURY OCCURED (<i>If involved in death</i>)		
26. TRANSPORTATION DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		27. WORK RELATED DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		28. DISASTER RELATED DEATH? (<i>Describe event</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO	
29. TOBACCO CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		30: IF FEMALE: <input type="checkbox"/> PREGNANT AT TIME OF AUTOPSY <input type="checkbox"/> PREGNANT WITHIN LAST YEAR <input type="checkbox"/> PREGNANT WITHIN LAST 42 DAYS <input type="checkbox"/> NOT PREGNANT <input type="checkbox"/> UNKNOWN			

CERTIFYING OFFICIAL OR MEDICAL EXAMINER

I CERTIFY TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

31. NAME AND TITLE/DEGREE OF CERTIFYING OFFICIAL OR MEDICAL EXAMINER		32. STATE LICENSED AND NO.
33. SIGNATURE OF CERTIFYING OFFICIAL OR MEDICAL EXAMINER		34. DATE
35. ADDRESS OF CERTIFYING OFFICIAL OR MEDICAL EXAMINER		

Decedent's Name:

DISPOSITION OF REMAINS

36. NAME OF MORTICIAN		37. GRADE <i>(Military or DoD)</i>	38. LICENSE NO. AND STATE
39. SIGNATURE	40. DATE	41. INSTALLATION OR ADDRESS	
42. NAME AND LOCATION OF CEMETERY/CREMATORY			43. BURIAL OR CREMATION?
44. NAME OF FUNERAL DIRECTOR		45. NAME OF FUNERAL FACILITY	46. DATE OF DISPOSITION

VITAL STATISTICS REGISTRATION

47. REGISTRAR	48. FILE NO.	49. DATE	50. REGISTRAR ADDRESS
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NEEDS DD67

INSTRUCTIONS

- BLOCK 1:** Enter the name of the decedent by Last Name, First Name, Middle Name. Middle name initial is acceptable.
- BLOCK 2:** The decedent's gender/sex, as appropriate.
- BLOCK 3:** Options listed on the fillable PDF are listed as: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, White.
- BLOCK 4:** Use the decedent's full Social Security Number.
- BLOCK 5:** Enter the date as MM-DD-YYYY. MM is the two digit month. DD is the two digit day. YYYY is the four digit year.
- BLOCK 6:** Enter the decedent's age, at the date of death.
- BLOCK 7:** Birthplace is the location by city and state, if born in the United States. If born outside of the United States, enter the city and country.
- BLOCK 8:** Enter the decedent's most current residential address, city, state or country, and zip code as of the date of death.
- BLOCK 9:** Enter the county in which the decedent's address falls in.
- BLOCK 10:** Check the box which most accurately represents the decedent's known marital status. Choose one of the available options.
- BLOCK 11:** Enter the decedent's highest academic level completed (EG High school, undergraduate, professional degree, or a specific grade level).
- BLOCK 12:** Enter the name of the decedent's closest living relative by: First Name, Middle Name and Last Name. Middle Name initial is acceptable.
- BLOCK 13:** The relation the next-of-kin to the decedent. Examples: Mother, Father, Sister, Brother, Grandfather, Grandmother, Daughter, Son, etc.
- BLOCK 14:** Enter the next-of-kin's most current mailing address, city, state or country, and zip code.
- BLOCK 15:** Enter the name of the decedent's father by: First Name, Middle Name, Last Name. Middle name initial is acceptable.
- BLOCK 16:** Enter the name of the decedent's mother by: First Name, Middle Name, Last Name (Maiden Name). Middle name initial is acceptable.
- BLOCK 17:** Was the decedent a service member as of date of death? If "YES", what branch of service? Options listed on the fillable PDF are listed as: Air Force, Army, Marine Corps, Navy, Coast Guard, and Space Force.
- BLOCK 18:** Date the decedent was declared dead. Enter the date as MM-DD-YYYY. MM is the two digit month. DD is the two digit day. YYYY is the four digit year.
- BLOCK 19:** Time the decedent was declared dead. Enter the time as a 24-Hour Clock/Military time.
- BLOCK 20:** Enter location as city and state if decedent died in the United States. If death occurred outside of the United States, enter the location as city and country. Include
- BLOCK 21a, PART 1:** Enter the final disease or condition resulting in death.
- BLOCK 21c and 21e:** If the condition on PART 1 resulted from an underlying condition, put the underlying condition in BLOCK 21a, and so on, until the full sequence is reported.
- BLOCKS 21b,d,f:** Enter a time interval from onset of disease process to death (EG: minutes, hours, months, years).
- BLOCK 21 PART 2:** Enter all diseases or conditions contributing to death that were not reported in BLOCKS 21a, 21c, or 21e, and that did not result in the underlying cause of death.
- BLOCK 22:** Always check Manner of Death, which is important: 1) in determining accurate causes of death, 2) in processing insurance claims, and 3) in statistical studies of injuries and death
- BLOCK 23:** Check "YES" if either a partial or full autopsy was performed. Otherwise, check "NO."
- BLOCK 24:** Enter a brief description on how any injuries, resulting in death, occurred.
- BLOCK 25:** Enter the time as a 24-Hour Clock/Military time. Enter the date as MM-DD-YYYY. Enter the location by city and state, if injury occurred in the United States. If occurred outside of the United States, enter the city and country.
- BLOCK 26:** Check "YES" if death occurred as a: passenger, driver, pilot, or crewmember of a vehicle mishap. Otherwise, check "NO."
- BLOCK 27:** Check "YES" if death occurred while at work, or in relation to work duties and responsibilities. Otherwise, check "NO."
- BLOCK 28:** Check "YES" if death occurred as a result of a major disaster. Examples of disaster includes, but is not limited to: tornado, hurricane, flooding, tsunami, plague, etc. Following the "YES" answer, enter the event that has occurred. Otherwise, check "NO", and leave description field blank.
- BLOCK 29:** Check "YES" if tobacco use is a contribution to the immediate cause of death. Otherwise, check "NO." If death cannot be determined as a contributor, check "UNKNOWN."
- BLOCK 30:** *ONLY APPLICABLE TO FEMALE DECEDENTS. Check the box which most accurately represents the decedent's known pregnancy status.
- **BLOCKS 31-35 ARE TO BE FILLED OUT BY THE CERTIFYING OFFICIAL OR MEDICAL EXAMINER ONLY.**
- BLOCK 31:** Enter by First Name, Middle Initial, Last Name, followed by title or degree.
- BLOCK 32:** Enter licensing state's abbreviation followed by license number.
- BLOCK 33:** Utilize a digital signature, or a handwritten signature as applicable.
- BLOCK 34:** Enter the date the certifying official or medical examiner signed the form. Enter date as MM-DD-YYYY.
- BLOCK 35:** Enter the duty mailing address of the certifying official or medical examiner. Address should include the city, state or country, and zip code.
- **BLOCKS 36-41 ARE TO BE FILLED OUT BY THE MORTICIAN ONLY**
- BLOCK 36:** Enter by First Name, Middle Initial, Last Name
- BLOCK 37:** *ONLY APPLICABLE TO MILITARY OR GS EMPLOYEES. Enter as single or double letter descriptor followed by two digit, numeric grade (ex. E-06, O-05, GS-12).
- BLOCK 38:** Enter licensing state's abbreviation followed by license number.
- BLOCK 39:** Utilize a digital signature, or a handwritten signature as applicable.
- BLOCK 40:** Enter the date the mortician signed the form. Enter date as MM-DD-YYYY.
- BLOCK 41:** Enter the duty mailing address of the mortician. Address should include the city, state or country, and zip code.
- BLOCK 42:** Enter the name of the cemetery/crematory, followed by the address.
- BLOCK 43:** Check the appropriate box applicable to the disposition of the decedent.
- BLOCK 44:** Enter the name of the funeral director by First Name, Middle Initial, Last Name.
- BLOCK 45:** Enter the name of the funeral facility handling the decedent.
- BLOCK 46:** Enter the date of the decedent's disposition as MM-DD-YYYY.
- **BLOCKS 47-50 ARE TO BE FILLED OUT BY THE STATE OR LOCAL VITAL STATISTICS, AS APPLICABLE BY STATE LAWS.**
- BLOCK 47:** Enter the name of the state or local registrar handling the death certificate of decedent.
- BLOCK 48:** Enter the file or registration number for the death certificate.
- BLOCK 49:** Enter date the file or registration number was assigned.
- BLOCK 50:** Enter the address of the registrar.