



DEATH CERTIFICATE
State of New Mexico
United States of America
New Mexico Vital Records and Health Statistics

STATE USE ONLY
Case ID No.:
State File No.:
State File Date:

Date of Death:
OMI No:

Registrar Date of Signature

Note: If death is due to accident, homicide, suicide, trauma, or unknown causes, refer case to Medical Investigator.

City of Death

County of Death

1a. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)
1b. IF DECEDENT IS FEMALE - Give maiden name. (Last name prior to first marriage.)
2. SEX
3. SOCIAL SECURITY NUMBER
4a. AGE - Last Birthday (Years)
4b. INFANT - If under 1 year
4c. INFANT - If under 1 day
5. DATE OF BIRTH (Month/Day/Year)
6a. CITY OF BIRTH
6b. STATE OF BIRTH
6c. COUNTRY OF BIRTH
7. WAS DECEDENT EVER IN U.S. ARMED FORCES?
8a. RESIDENCE STREET and NUMBER OR LOCATION
8b. RESIDENCE CITY
8c. RESIDENCE COUNTY
8d. RESIDENCE STATE
8e. RESIDENCE COUNTRY
8f. RESIDENCE ZIP CODE
8g. IS RESIDENCE INSIDE CITY LIMITS?
9. DECEDENT'S EDUCATION
10. DECEDENT'S HISPANIC ORIGIN?
11. DECEDENT'S RACE
12a. DECEDENT'S USUAL OCCUPATION
12b. KIND OF BUSINESS OR INDUSTRY
13. MARITAL STATUS
14. SURVIVING SPOUSE
15. FATHER'S FULL NAME
16. MOTHER'S FULL MAIDEN NAME
17a. INFORMANT - NAME
17b. INFORMANT'S RELATIONSHIP TO DECEDENT
17c. INFORMANT'S MAILING ADDRESS
18. METHOD OF DISPOSITION
19. PLACE OF DISPOSITION
20. DISPOSITION LOCATION
21a. FUNERAL SERVICE FACILITY NAME
21b. FUNERAL SERVICE FACILITY ADDRESS
22a. NAME OF FUNERAL DIRECTOR
22b. TITLE OF AUTHORITY
23. FUNERAL DIRECTOR LICENSE NUMBER
24. DATE SUBMITTED

To Be Completed/Verified By Funeral Director

MEDICAL CERTIFICATION - Items 25 through 40 must be completed by the person who certifies the Cause of Death
25. DATE PRONOUNCED DEAD
26. TIME PRONOUNCED DEAD
27. TIME OF DEATH
28a. CITY OF OCCURRENCE
28b. COUNTY OF OCCURRENCE
28c. ZIP CODE OF OCCURRENCE
29a. PLACE OF DEATH OCCURRENCE
29b. IF DEATH OCCURRED IN A HOSPITAL
29c. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
30. MANNER OF DEATH
31. WAS THE MEDICAL INVESTIGATOR CONTACTED?
32a. DATE OF INJURY
32b. TIME OF INJURY
32c. PLACE OF INJURY
32d. LOCATION OF INJURY
32e. INJURY AT WORK
32f. DESCRIBE HOW INJURY OCCURRED
32g. IF TRANSPORTATION INJURY
33. CAUSE OF DEATH
34. DID ALCOHOL USE CONTRIBUTE TO DEATH?
35. DID TOBACCO USE CONTRIBUTE TO DEATH?
36a. WAS AUTOPSY PERFORMED?
36b. IF YES, were findings considered in determining cause of death?
36c. LOCATION WHERE AUTOPSY PERFORMED
37a. WAS RECENT SURGICAL PROCEDURE PERFORMED?
37b. IF YES, Specify Type of Procedure
37c. Date of Procedure
38a. IF DECEDENT WAS FEMALE, WAS DECEDENT PREGNANT WITHIN THE LAST YEAR?
38b. IF PREGNANT AT TIME OR NEAR THE TIME OF DEATH, ESTIMATED LENGTH OF PREGNANCY IN WEEKS
39. CERTIFIED BY:
40a. NAME OF CERTIFIER
40b. ADDRESS OF CERTIFIER
40c. SIGNATURE OF CERTIFIER
40d. DATE SIGNED

To Be Completed By Medical Certifier