



Commonwealth of Massachusetts  
Department of Public Health  
Registry of Vital Records and Statistics



## Funeral Provider Worksheet for Certificate of Death

The information you provide below will be used to create the legal Certificate of Death. The death certificate is a permanent document. This worksheet is intended to capture information about the funeral provider and planned disposition of the decedent.

- For families not working with a funeral home, this information is essential to complete the death record and should be completed by the family designee to provide to the City or Town Clerk in the town where the death occurred.
- For funeral homes not online, complete this information and provide to the funeral home that is providing the trade service call on your behalf.

**Please print your answers neatly and accurately.** The death certificate is a permanent legal document that is a record of events and information at the time of death and may not be changed later except under very limited conditions.

### DECEDENT INFORMATION

**Decedent's Name:**

\_\_\_\_\_  
*First name*                                      *Middle name*                                      *Surname (Last name)*                                      *Generational suffix*

### FUNERAL HOME/ OTHER DESIGNEE INFORMATION

Enter the funeral home or other family designee name and address exactly as you want it to appear on the death certificate.

**Name and license number of type 3 funeral director or other designee to be listed on the death certificate:**

\_\_\_\_\_  
*First*                                      *Middle*                                      *Last*,      *Generational Suffix (e.g., Jr.)*                                      *License Number, if funeral director*

**Name of funeral home to be listed on the death certificate:** (if applicable)

**Address of funeral home or other designee:**

\_\_\_\_\_  
*Street number and name (e.g., 9 Ninth Street) or P.O. Box Number*                                      *Apartment or unit, if any (e.g., Apt. 9)*

\_\_\_\_\_  
*City/Town (e.g., Boston, Nashua)*                                      *State /Province (e.g. Massachusetts, Quebec) – or Country, if not U.S.*                                      *Zip code*

**If trade service call, name and city/town of funeral home facilitating the death record:**

\_\_\_\_\_  
*Name of funeral home providing trade service call*                                      *City/Town*

Mark the expected method of immediate (first) disposition (*choose one*):

**Method of Disposition:**       Burial                       Cremation                       Donation  
 Entombment       Removal from State       Other

**Date of Disposition** (e.g. Nov. 15, 2014):

*Specify Other:*

Print the expected date, name and address of crematory/cemetery or other approved place of disposition:

**Name of Cemetery/Crematory:**

**Address of immediate disposition:**

\_\_\_\_\_  
*Street number and name (e.g., 9 Ninth Street) or P.O. Box Number*                                      *Apartment or unit, if any (e.g., Apt. 9)*

\_\_\_\_\_  
*City/Town (e.g., Boston, Nashua)*                                      *State /Province (e.g. Massachusetts, Quebec) – or Country, if not U.S.*                                      *Zip code*

\_\_\_\_\_  
*Name and relationship of person completing form*

\_\_\_\_\_  
*Signature and Date*