



## DECEASED VITAL STATISTICS INFORMATION

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_  MALE  FEMALE

AKA: (MUST DIFFER SUBSTANTIALLY FROM LEGAL NAME): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE AT LAST BIRTHDAY: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

STATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
NOTE: SS# NO LONGER BEING PRINTED ON DEATH CERTIFICATE

BUSINESS/INDUSTRY: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
(DO NOT USE "RETIRED") (NOT NAME OF COMPANY)

DECEDENT'S FATHER: \_\_\_\_\_ D E C E D E N T ' S M O T H E R ( M A I D E N ) \_\_\_\_\_

MARITAL STATUS:  MARRIED  DIVORCED  WIDOWED  NEVER MARRIED  LEGALLY SEPARATED  UNKNOWN

SPOUSE'S NAME:

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

DATE & PLACE OF MARRIAGE: \_\_\_\_\_ MAIDEN: \_\_\_\_\_

VETERAN?  NO  YES  AIR FORCE  ARMY  NAVY  MARINES  NATIONAL GUARD  UNKNOWN

SPANISH/HISPANIC/LATINO  MEXICAN, MEXICAN AMERICAN, CHICANO  CUBAN  PUERTO RICAN  SOUTH AMERICAN

RACE: (CHECK ONE OR MORE RACES TO INDICATE WHAT THE DECEDENT CONSIDERED THEMSELVES TO BE.)

WHITE  BLACK OR AFRICAN AMERICAN  CHINESE  JAPANESE  NATIVE HAWAIIAN  FILIPINO  ASIAN INDIAN

KOREAN  SAMOAN  VIETNAMESE  GUAMANIAN OR CHAMORRO  AMERICAN INDIAN OR ALASKA NATIVE

OTHER ASIAN: \_\_\_\_\_  OTHER: \_\_\_\_\_  UNKNOWN \_\_\_\_\_

DECEDENT'S EDUCATION:

8TH GRADE OR LESS  9TH-12TH GRADE, NO DIPLOMA  HIGH SCHOOL GRADUATE OR GED

SOME COLLEGE, BUT NO DEGREE  ASSOCIATE DEGREE (AA, AS)  BACHELOR'S DEGREE (BA, AB, BS)

MASTER'S DEGREE (MA, MS, ME)  DOCTORATE (PHD, EDD, MD, DDS, DVM, JD)  NONE  UNKNOWN

## DEATH INFORMATION

DATE OF DEATH: \_\_\_\_\_

CITY OF DEATH: \_\_\_\_\_ COUNTY OF DEATH: \_\_\_\_\_

PLACE OF DEATH: (HOSPITAL) \_\_\_\_\_ NURSING HOME: \_\_\_\_\_  RESIDENCE:  DOA

ADDRESS: \_\_\_\_\_

TIME OF DEATH: \_\_\_\_\_ DR. SIGNING DEATH CERTIFICATE: \_\_\_\_\_

DECEDENT'S USUAL ADDRESS: STREET: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ INSIDE CITY LIMITS?  YES  NO

PHONE AT RESIDENCE \_\_\_\_\_

## INFORMANT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SS#: \_\_\_\_\_

(REQUIRED WHEN FILING FOR LIFE INSURANCE BENEFITS)

DISPOSITION:  BURIAL  CREMATION  DONATION  REMOVAL FROM STATE  ENTOMBMENT  OTHER: \_\_\_\_\_

DATE OF DISPOSITION: \_\_\_\_\_ TIME: \_\_\_\_\_

PLACE: (NAME OF CEMETERY OR CREMATORY): \_\_\_\_\_

CITY & STATE: \_\_\_\_\_



## SERVICE INFORMATION

FUNERAL    MEMORIAL    GRAVESIDE

BISHOP/CLERGY: \_\_\_\_\_ PHONE: \_\_\_\_\_

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SERVICE LOCATION: \_\_\_\_\_

1ST VISITATION: DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

2ND VISITATION: DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

### BURIAL PLACE:

CEMETERY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

## SURVIVING FAMILY

RELATIONSHIP	NAME	CITY & STATE

## SURVIVING FAMILY

RELATIONSHIP	NAME

### ADDITIONAL NOTES: