

**INFORMATION NEEDED FOR THE DEATH CERTIFICATE AND OTHER DOCUMENTATION**

Deceased's Name, First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ State (Country) of Birth \_\_\_\_\_ City \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Military Service Y/N Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Marital Status \_\_\_\_\_ (If Married) Yrs Married \_\_\_\_\_ Yrs Educated \_\_\_\_\_ Race \_\_\_\_\_ Hispanic - Specify Y/N \_\_\_\_\_

Usual Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs in Field \_\_\_\_\_

Kind of Business/Industry \_\_\_\_\_ Residence Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Yrs in County \_\_\_\_\_ State \_\_\_\_\_

Informant's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Spouse's Given Name, First \_\_\_\_\_ Middle \_\_\_\_\_ Last (Maiden) \_\_\_\_\_

Father's Name, First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ State of Birth \_\_\_\_\_

Mother's Name, (Given) First \_\_\_\_\_ Middle \_\_\_\_\_ Last (Maiden) \_\_\_\_\_ State of Birth \_\_\_\_\_

Attending Physician's Name, Address and Phone \_\_\_\_\_

\_\_\_\_\_

Cemetery \_\_\_\_\_ Musicians \_\_\_\_\_

Clergy \_\_\_\_\_ Church \_\_\_\_\_

**IF VIEWING IS REQUESTED, PROVIDING A RECENT COLOR PHOTOGRAPH IS NEEDED. CLOTHING NORMALLY INCLUDES ALL GARMENTS WORN EXCEPT SHOES AND RESTRICTIVE GARMENTS.**

**PLEASE PROVIDE INSTRUCTIONS AS TO ANY JEWELRY AND/OR MOMENTOS.**