

## ~ 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**

OCCUPATION: \_\_\_\_\_ BUSINESS/INDUSTRY: \_\_\_\_\_  
(Do not use "RETIRED") (Not name of company)

DECEDENT'S FATHER: \_\_\_\_\_ DECEDENT'S MOTHER (Maiden): \_\_\_\_\_

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

IS DECEDENT OF HISPANIC ORIGIN?  Yes  No  Unknown **\*\* IF YES, ✓ THE BOX THAT BEST DESCRIBES THE DECEDENT:**

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:  8<sup>th</sup> 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: \_\_\_\_\_ 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: \_\_\_\_\_

