

Information We Will Need

(This information is used to complete a death certificate)

Deceased's Full Name: _____

Date of Birth _____ City/State of Birth: _____

Gender: _____ Race: _____ Hispanic Origin circle one Yes No

If yes specify _____

Father's Full Name: _____

Mother's Full Name (Maiden): _____

Social Security # _____ - _____ - _____ Years of Education including College _____

Degree obtained _____

Occupation before Retirement: _____

Industry: _____

Did Deceased Serve in the United States Armed Forces: circle one Yes No

Marital Status circle one Never Married Married Divorced Widowed

If married, spouses name (maiden): _____

Deceased's Address: _____

City _____ State _____ Zip _____ County _____

Is it in the City Limits? _____

Doctors Name: _____

The Informant (the person providing us this information)

Your Full Name: _____

Relationship to Deceased: _____ Phone # _____

Your Address: _____

City: _____ State: _____ Zip _____