



**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 MEMENTOS**