

1a. Legal Name of Decedent (First, Middle, Last)					
1b. Also Known As (AKA), If Any (First, Middle, Last)				2. Sex	3. Social Security Number
4a. Age-Last Birthday _____ Years	4b. Under 1 Year Months _____ Days _____	4c. Under 1 Day Hours _____ Minutes _____	5. Date of Birth (Mo/Dy/Yr)	6. Birthplace (City & State/Foreign Country)	
7a. Residence-State	7b. County	7c. Municipality/City			
7d. Street and Number			7e. Apt. No.	7f. Zip Code	7g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
8a. Ever in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		8b. If Yes, Name of War:		8c. War Service Dates (From/To):	
9. Domestic Status at Time of Death (Check only one) <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Domestic Partnership Terminated <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Civil Union Dissolved <input type="checkbox"/> Domestic Partner (Deceased) <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union (Deceased) <input type="checkbox"/> Unknown				10. Name of Surviving Spouse/Partner (List name given at birth or on birth certificate)	
11. Father's Name (First, Middle, Last)			12. Mother's Name Prior to First Marriage (First, Middle, Last)		
13a. Name of Informant				13b. Relationship to Decedent	
13c. Mailing Address (Street and Number, City, State, Zip Code)					
14. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):			15. Place of Disposition (Name of cemetery, crematory, other place)		
			16. Location-City or Town and State		
20. Decedent Education (Highest degree or level of school completed at time of death) <input type="checkbox"/> Grade 8 or less <input type="checkbox"/> Grade 9-12; no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, no degree <input type="checkbox"/> Associate degree (AA, AS) <input type="checkbox"/> Bachelor's degree (BA, AB, BS) <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW) <input type="checkbox"/> Doctorate (PhD, EdD) or Professional degree (MD, DDS, JD)		21. Decedent of Hispanic Origin? (Check one or more boxes that best describe if decedent is Spanish/Hispanic/Latino. Check "No" box if decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify):		22. Decedent Race (Check one or more boxes to indicate what race the decedent considered himself/herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____	
23. Occupation of Decedent (Type of work done most of life, even if retired)			24. Kind of Business/Industry		
25. Name and Address of Last Employer					

DATE of DEATH

PLACE of DEATH

**RESPONSIBLE PARTY FOR BILLING** \_\_\_\_\_

SS# \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

FAMILY CONVENING \_\_\_\_\_

FAMILY PHONE NUMBER \_\_\_\_\_

VIEWING TIME AND PLACE \_\_\_\_\_

DATE/ TIME OF FUNERAL \_\_\_\_\_

PLACE OF FUNERAL \_\_\_\_\_

HAIRDO \_\_\_\_\_ MOUSTACHE \_\_\_\_\_

CLOTHING \_\_\_\_\_

CEMETERY LOCATION \_\_\_\_\_