



This information is required for the completion of the death certificate and other legal forms.

Name of Deceased: _____
(First, Middle, Last/Maiden)

Legal Residence: _____

Date of Birth: _____ Age: _____

Birthplace (City, State): _____

Social Security Number: _____

Veteran: Yes or No (Specify Years and Branch) _____

Sex: _____ Race/Ethnicity: _____

Highest Level of Education: <8th grade 9th-12th grade, no diploma High School Graduate/GED

Some College Credit, No Degree Associate's Degree Bachelor's Degree Master's Degree Doctorate Degree

Marital Status: Never Married Married Widowed Divorced Separated

Surviving Spouse (First, Last/Maiden): _____

Usual Occupation (Prior to Retirement): _____

Industry: _____

Name of Last Employer & Location): _____

Father's Name: _____

Mother's Name (First, Middle, Last/Maiden): _____

Primary Informant

Name: _____ Relationship: _____

Address: _____

State: _____ Zip: _____

Phone Number: _____

Email Address: _____

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