



## Deceased Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

Place of Death:  Home  Hospital ER/Outpatient  Hospital Inpatient  Hospice Facility  
 Nursing Home/Long Term Care Facility  Hospital DOA  Other: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ County: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Certifier: \_\_\_\_\_ Was the Coroner Notified:  Yes  No

Social Security Number \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

### Residence Information

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Inside City Limits:  Yes  No County: \_\_\_\_\_

Marital Information:  Married  Married but Separated  Widowed  Divorced  Never Married  Unknown  Not Obtainable

Spouse's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last (Maiden): \_\_\_\_\_

### Education Information

8th Grade or less  9th - 12th Grade no Diploma  High School Graduate / GED  College, but no degree  
 Associates Degree  Bachelors Degree  Masters Degree  Doctorate/Professional Degree  Unknown  
 Refused  Not Obtainable  Not Classifiable

### Historical Information

Race / Ethnicity: \_\_\_\_\_

Occupation: \_\_\_\_\_ Industry: \_\_\_\_\_

Fathers First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mothers First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last (Maiden) \_\_\_\_\_

### Legal Informant Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Number of Death Certificates Requested: \_\_\_\_\_ Cost per Certified \$ \_\_\_\_\_

### Disposition Information

Method of Disposition:  Burial  Cremation  Donation  Entombment  Removal from State  Other  Ship-In

Name of Cemetery or Crematory: \_\_\_\_\_