

ABOUT THE DECEDENT
(Death Record Data)

NAME: _____

DATE AND PLACE OF DEATH: _____

DECEDENT'S ADDRESS: _____

PLACE OF BIRTH: _____

If foreign born, was decedent naturalized? YES_____, NO_____.

MARITAL STATUS:

Married _____, Widowed _____, Divorced_____.

Name of Spouse: _____

OCCUPATION: _____

Employer and or Business: _____

NAME OF FATHER: _____

Father's place of birth: _____

NAME OF MOTHER: _____

Mother's place of birth: _____

ARMED SERVICES INFO (If applicable): _____

SOCIAL SECURITY NUMBER: _____

INFORMANT (Name, address, and relationship-if any): _____

FUNERAL DIRECTOR: _____

CEMETERY OR REMOVAL: _____

ADDITIONAL INFO: (Doctor-coroner-police-cause of death):

