

## Information for Death Certificate

Name \_\_\_\_\_ Race \_\_\_\_\_

Residence \_\_\_\_\_

Date of Death \_\_\_\_\_ Age \_\_\_\_\_

Place of Death \_\_\_\_\_

City/State \_\_\_\_\_ County \_\_\_\_\_

Sex \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Marital Status \_\_\_\_\_ Surviving Spouse (maiden name) \_\_\_\_\_

Ever in Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of War & Dates of War \_\_\_\_\_

Occupation or past occupation \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Kind of Business or Industry \_\_\_\_\_

Education, Highest Grade completed \_\_\_\_\_

Name of father \_\_\_\_\_

Name of Mother (maiden name) \_\_\_\_\_

Informant name & address \_\_\_\_\_

Disposition (burial, cremation, or entombment) \_\_\_\_\_

Cemetery \_\_\_\_\_

Death Certificates \_\_\_\_\_