

Trinity Cremation Care

Affordable Funeral Services

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DEATH CERTIFICATE INFORMATION

Please fill this document to the best of your ability and knowledge. Any information that is not known, please write 'unknown'. Be advised that any unknown information will be depicted as such on certificate copies of the death certificate.

DECEDENT INFORMATION

NAME/ADDRESS:

DATE OF DEATH: _____ DATE OF BIRTH: _____ SS#: _____

PLACE OF DEATH WITH FULL ADDRESS (NAME OF FACILITY IF APPLICABLE):

SEX: _____ RACE: _____ HISPANIC: Y/N VETERAN: Y/N BRANCH: _____

MARITAL STATUS: MARRIED / SEPARATED / DIVORCED / WIDOWED / NEVER MARRIED

NAME OF SPOUSE (INC. MAIDEN NAME): _____

FATHER'S NAME: _____

MOTHER'S NAME (INC. MAIDEN): _____

CITY/STATE OF BIRTH: _____

LAST KNOWN OCCUPATION: _____

HIGHEST LEVEL OF EDUCATION: _____

NAME/PHONE # OF PHYSICIAN LAST SEEN:

NOK / INFORMANT INFORMATION

NAME/ADDRESS/PHONE#:

RELATIONSHIP TO DECEDENT: MOTHER / FATHER / SON / DAUGHTER / SPOUSE / OTHER

IF 'OTHER', PLEASE LIST: _____