

COMPLETE THE FOLLOWING INFORMATION FOR DEATH CERTIFICATE
PLEASE TYPE OR PRINT LEGIBLY

1. NAME: _____
(First) (Middle) (Last) (Maiden)
2. DATE OF BIRTH: _____
3. BIRTHPLACE: _____
(City and State or Foreign Country)
4. SOCIAL SECURITY NO.: _____
5. RACE: _____ 5b. OF HISPANIC ORIGIN? IF YES, SPECIFY _____
(Mexican, Cuban, Etc.)
6. DECEDENT RESIDENCE STREET ADDRESS: _____
(Do not use P.O. Box)
7. INSIDE CITY LIMITS: Y N
8. DECEDENT'S FATHERS FULL NAME: _____
9. MOTHER'S FULL MAIDEN NAME: _____
10. MARITAL STATUS: MARRIED WIDOWED NEVER MARRIED DIVORCED
11. SURVIVING SPOUSE (Maiden) _____
12. HIGHEST LEVEL OF EDUCATION: _____
(Grade School PLUS College)
13. DECEDENT'S USUAL OCCUPATION: _____
DO NOT USE "RETIRED"
14. OCCUPATIONAL BUSINESS OR INDUSTRY: _____
15. EVER IN ARMED FORCES? Y N. 15 b. BRANCH OF SERVICE: _____
16. INFORMANT'S NAME/RELATIONSHIP: _____
(Name of Person Providing Information)
17. INFORMANTS MAILING ADDRESS: _____
18. DAYTIME PHONE NUMBER: _____
19. NAME OF CEMETERY OR CREMATORY: _____
20. ADDRESS OF CEMETERY OR CREMATORY: _____