Tennessee Mortuary & Crematory (615) 982-6180 tmc@tn-mc.com

Vital Statistics for Tennessee Certificate of Death

Decedent's Legal Name:

_____

Date of Birth: _____

Sex: _____ Military Service: _____

Place of Birth: State _____

City _____

Social Security #: _____-_____-_____

Race: _____
White, Black, American Indian, Asian, etc.

Is the Decedent of Hispanic Origin?

_____
If YES, please specify - Mexican, Mexican American, Puerto Rican, Cuban, Unknown

Residence:

Street _____
City _____
County _____
State _____
Zip Code _____

Is address inside the city limits? _____

Marital Status:

Married _____
Widowed _____
Divorced _____
Married but Separated _____
Never Married _____
Unknown _____

Name of Surviving Spouse:

_____
If the wife is the survivor, please use Maiden Name (name at birth) as last name.

Decedent's Usual Occupation:

_____
What they did most of their life.
Do Not Use Retired

Kind of Business/Industry:

_____

Education: Check Box That Best Applies

____ 8th grade or less
____ 9th-12th no diploma
____ High school graduate or GED
____ Some college - No degree
____ Associate degree (AA, AS)
____ Bachelor's degree (BA, AB, BS)
____ Master's degree (MA, MS)
____ Doctorate or Professional degree (PhD, JD, DDS)
____ Unknown

Decedent's Family Information;

Father: _____

Mother: _____
Use Mother's Maiden Name as last name.

Information Provided By:

_____

Relationship to Deceased: _____

Informant's Contact Details:

Street _____
City _____
State _____
Zip Code _____
Email _____
Phone # _____