Funeral Director ______________________ **Arrangement Date/Time** ______________________ **Arrangement Number** __________

1. Legal Name (Include AKA's if any) First Middle LAST Suffix

2. Death Date(MM/DD/YYYY)

6. County of Death

3. Sex (M/F)

4a. Age-Last Birthday (Years)

4b. Under 1 Year Months Days

4c. Under 1 Day Hours Minutes

5. Social Security Number

12. Was Decedent ever in U.S. Armed Forces?
☐ Yes ☐ No ☐ Unk

7. Birthdate (MM/DD/YYYY)

8a. Birthplace (City, Town, or County)

8b. (State or Foreign Country)

9. Decedent's Education-(Check the box that best describes the highest degree or level of school completed at the time of death.)

- ☐ 8th grade or less (Specify): ________________
- ☐ 9th – 12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree(e.g., AA, AS)
- ☐ Bachelor's degree(e.g., BA, AB, BS)
- ☐ Master's degree(e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate(e.g., PhD EdD) or Professional degree(e.g., MD, DDS, DVM, LLB, JD)

10. Was Decedent of Hispanic Origin? (Check the box that best describes whether the decedent was Spanish/Hispanic/Latino or check the "No" box if decedent was not Spanish/Hispanic/Latino.)

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino

(Specify):__________________________

11. Decedent's Race (Check one or more races to indicate what the decedent considered himself or herself to be.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
  (Name of the enrolled or principal tribe):
  ____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian(Specify):______________________
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
  (Specify):__________________________
- ☐ Other
  (Specify):__________________________

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)

13b. City or Town

13c. Residence: County

13d. Tribal Reservation Name (if applicable)

13e. State or Foreign Country

13f. Zip Code + 4

13g. Inside City Limits?
☐ Yes ☐ No ☐ Unk

14. Estimated length of time at residence. (Specify units (e.g., 6 years, 6 month, etc.))

15. Marital Status at Time of Death
☐ Married ☐ Married, but separated ☐ Widowed
☐ Divorced ☐ Never Married ☐ Unknown

16. Surviving Spouse's Name (Give name prior to first marriage)

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).

18. Kind of Business/Industry (Do not use Company Name)

Parents' & Informant's Information

19. Father's Name (First, Middle, Last, Suffix)

20. Mother's Name Before First Marriage (First, Middle, Last)

21. Informant's Name

22. Relationship to Decedent

23. Mailing Address: Number&Street or RFD No. City or Town State Zip

Place of Death

24. If Death Occurred in a Hospital:
☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

If Death Occurred Somewhere Other than a Hospital:
☐ Hospice Facility ☐ Nursing Home/Long Term Care Facility
☐ Decedent's Home ☐ Other
(Specify):______________________

25. Facility Name (If not a facility, give number & street)

26. City, Town, or Location of Death

26b. State

27. Zip Code

Disposition

28. Method of Disposition
☐ Burial ☐ Cremation ☐ Removal from State
☐ Donation ☐ Entombment ☐ Body not Recovered
☐ Other(Specify):____________________

29. Place of Disposition (Name of cemetery, crematory, other place)

30. Location-City/Town, and State

31. Name and Complete Address of Funeral Facility

32. Date of Disposition (MM/DD/YYYY)

Person responsible for Payment ______________________________ Phone ________________________

Address/City/State/Zip ____

Relationship to deceased ______________ Social Security # ____________________ Payment Method ________

The information will be used to prepare legal documents. Please verify that all spelling, dates and social security numbers are correct. Tacoma Mausoleum & Mortuary will not be responsible for incorrect information.

Signature ____ Date ______________