



## FUNERAL SERVICE RECORD

File No. \_\_\_\_\_ No. of Death Certificates: \_\_\_\_\_

Name: \_\_\_\_\_

(Give full name of deceased)

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Autopsy: YES / NO

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Hispanic Origin YES/ NO

Social Security No. \_\_\_\_\_ Highest Completed Education Level \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Doctor's Information \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship Status: Single [ ] Married [ ] Widowed [ ] Domestic Partner [ ] Divorced [ ] Separated [ ]

Name of Husband or Wife \_\_\_\_\_

(If wife, give First and Maiden Name)

Fathers Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Deceased Occupation \_\_\_\_\_

Kind of Business \_\_\_\_\_ Employed By \_\_\_\_\_

Veteran: YES / NO From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_ Service # \_\_\_\_\_

Name of War Served In \_\_\_\_\_ War Service dates: From \_\_\_\_\_ To \_\_\_\_\_

Informant \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_