Vancil-Murphy Funeral Home
437 South Grand Ave. West Springfield, Illinois 62704
(217) 525-1500

INFORMATON NECESSARY FOR DEATH CERTIFICATE

NAME: _____
First Middle Last Suffix

RESIDENCE ADDRESS: _____

RESIDE INSIDE CITY LIMITS: YES_____ NO_____ _____
Township if not in city limits

DATE OF BIRTH: _____

BIRTHPLACE: _____
City, State

MARITAL STATUS (circle one):

Married Civil Union Never Married Widowed Divorced

SPOUSE'S NAME: _____MAIDEN, IF WIFE_____

MEMBER OF ARMED FORCES: YES_____ NO_____

SOCIAL SECURITY NUMBER: _____

JOB TITLE WHEN WORKING: _____
TYPE OF BUSINESS OR INDUSTRY: _____

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

RACE: _____

OF HISPANIC ORIGIN: NO_____ YES, SPECIFY_____

FATHER'S NAME: _____
First Middle Last

MOTHER'S NAME: _____
First Middle **Maiden**

NAME OF PERSON SUPPLYING INFORMATION: _____

ADDRESS: _____

RELATIONSHIP: _____