

Cremation Society OF TOLEDO

Decedent Name _____ Male ___ Female ___

SSN _____ Date of Death _____

Date of Birth _____ Age _____ City of Birth _____ State of Birth _____

Current Address _____

City _____ County _____ State _____ Zip Code _____ Inside City Limits? **Y / N**

Military **Y / N** Branch of Service _____ Date of Entry _____ Date of Discharge _____

Marital Status (*check one*) Married ___ Divorced ___ Widowed ___ Never Married ___

Spouse's Name (Maiden) _____

Education (*circle one*) 1- 8th grade or less 2- 9th-12th no diploma 3- High School Grad/GED 4- College-no degree
5- Associates Degree 6- Bachelors Degree 7- Masters Degree 8- Doctorate/Professional Degree 9- Unknown

Hispanic Origin **Y / N** if yes, check one: Mexican American ___ Puerto Rican ___ other, specify _____

Race _____ Ancestry _____

Occupation _____ Industry _____

Father's name _____

Mother's name (maiden) _____

Informant's (Next of Kin's) name _____

Relationship _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

Number of Death Certificates Requested _____

FOR OFFICE USE ONLY

Place of Death _____

Inpatient ___ ER ___ Home ___ Nursing Home ___ County of Death _____ State of Death _____

Inside City Limits? yes no Time of Death _____ AM PM

Doctor Signing Death Certificate _____ Phone # _____

Address _____