LAWSON & ROLLINS
PURPLE SHIELD
FUNERAL HOME
THE SERVICE FAMILY

DEATH CERTIFICATE VITALS WORKSHEET

☐ Burial ☐ Cremation

Deceased Full Legal Name:_____ Date of Birth:_____
(Legal name on file with the Social Security Office; If Applicable, Include Jr., Sr., II, III etc.)

Maiden Name (If Applicable): _____ Birthplace: _____
(City & State, or Country)

Date of Death: _____ Place of Death: _____

Sex: ☐ Female ☐ Male Social Security Number: _____

Current Street Address: _____ City: _____

State: _____ Zip Code: _____ Parish / County: _____

Lived at current Address since: _____ Inside City Limits?: ☐ YES ☐ NO
Date

Marital Status: ☐ Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Other: _____

Spouse's Name (If applicable): _____ _____ _____ _____
First Middle Last (Maiden Name)

Race: ☐ White/Caucasian ☐ African American ☐ Hispanic: _____ ☐ Other: _____

Father's Name: _____ _____ _____
First Middle Last

Father's Birthplace: _____
(City & State, or Country)

Mother's Name: _____ _____ _____ _____
First Middle Last (Maiden Name)

Mother's Birthplace:_____
(City & State, or Country)

Deceased Education Level: ☐ Grade School (Grade Level:_____) ☐ GED ☐ High School (Grade Level:_____) ☐ Some College
(Check only 1 box indicating highest education level Acheieved) ☐ Trade / Vocational ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Professional/Doctorate ☐ Unknown

Usual Occupation: _____ Industry: _____

U.S. Military Service: ☐ YES ☐ NO Branch: _____

Informant (person giving this information): _____ Relationship to Deceased: _____

Address: _____
Street Number City State Zip Code Parish/County

Phone Number: _____ Email Address: _____

NEXT OF KIN INFORMATION (if different than informant)

Name: _____ Relationship to Deceased: _____

Address: _____
Street Number City State Zip Code Parish/County

Phone Number: _____ Email Address: _____

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