



**HARMONY HILL**  
CREMATIONS

# FAMILY INFORMATION WORKSHEET

To assist us in completing necessary records.

Case Number: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Date: \_\_\_\_\_

## 1. DECEDENT INFORMATION

Full Legal Name (First, Middle, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Place of Birth (City, State, Country) \_\_\_\_\_

Age at Death \_\_\_\_\_

Sex

Male  Female

Social Security Number \_\_\_\_\_

Marital Status at Time of Death

Married  Single  Widowed  Divorced

## 2. RESIDENCE INFORMATION

Street Address \_\_\_\_\_

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

County \_\_\_\_\_ Country \_\_\_\_\_

## 3. MILITARY INFORMATION

Branch of Service \_\_\_\_\_

Rank at Discharge \_\_\_\_\_

Date of Service (From - To) \_\_\_\_\_

Veteran  Yes  No  
Honorable Discharge  Yes  No

## 4. DOMESTIC STATUS

Registered Domestic Partner / Civil Union Partner  Yes  No

Name of Partner \_\_\_\_\_

## 5. SURVIVING SPOUSE INFORMATION

Full Legal Name of Surviving Spouse \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

## 6. PARENT INFORMATION

### FATHER

Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Is Father Living?

Yes  No

### MOTHER

Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Is Mother Living?

Yes  No

## 7. INFORMANT INFORMATION

Informant Name \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_

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

Address (if different from decedent) \_\_\_\_\_

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

## 8. DISPOSITION INFORMATION

### TYPE OF DISPOSITION

- Cremation
- Burial
- Green Burial
- Donation (Specify) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

### PLACE OF DISPOSITION

- Private Property
- Cemetery Name: \_\_\_\_\_
- Columbarium Name: \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

### WITNESS CREMATION

Yes  No

### SERVICE REQUESTED

Yes  No

Date Requested \_\_\_\_\_

## 9. DEMOGRAPHIC INFORMATION

**22. Decedent Race** - Check one or more boxes to indicate what race the decedent considered himself/herself to.

- Unknown  Not Obtainable  Refused
- White  Black or African American
- American Indian or Alaska Native  
(Enrolled or principal tribe) \_\_\_\_\_

**21. Decedent of Hispanic Origin?**

- Check one or more boxes that best describe if decedent is Spanish/Hispanic/Latino. Check "No" box if decedent is not Spanish/Hispanic/Latino.
- Unknown  Not Obtainable  Refused
  - No, Not Spanish/Hispanic/Latino

(Secondary tribe) \_\_\_\_\_

- Asian Indian
- Japanese
- Other Asian (Specify): \_\_\_\_\_
- Native Hawaiian
- Other Pacific Islander (Specify): \_\_\_\_\_
- Other (Specify): \_\_\_\_\_
- Chinese
- Korean
- Guamanian or Chamorro
- Filipino
- Vietnamese
- Samoan

- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Other Spanish/Hispanic/Latino (Specify): \_\_\_\_\_
- Yes, Cuban

**10. EDUCATION INFORMATION**

20. Decedent Education - Highest degree or level of school completed at time of death.

- Unknown
- Grade 8 or less
- Grade 9-12; no diploma
- High school graduate or GED
- Some college credit, no degree
- Associate degree (AA, AS)
- Bachelor's degree (BA, AB, BS)
- Master's degree (MA, MS, MEd, MSW)
- Doctorate (PhD, EdD) or Professional degree (MD, DDS, JD)

**11. OCCUPATION INFORMATION**

23. Occupation of Decedent (Type of work done most of life, even if retired) 24. I

25. Name of Last Employer \_\_\_\_\_

Street Address of Last Employer \_\_\_\_\_

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

**12. NOTES / ADDITIONAL INFORMATION**

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