PHONE #: _____

CELL #: _____

EMAIL #: _____

DEATH INFO SHEET

INITIAL: ____ **CREMATION** ____ **EMBALMING**

HEART PACER: ____ **YES** ____ **NO**

DOCTOR: _____

1a. DECEDENT'S LEGAL NAME *(First, Middle, Last)*:	1b. A.K.A. NAME *(if applicable)*:	1c. LAST NAME on **CURRENT** Birth Certificate:	2. SEX:	3. SOCIAL SECURITY NUMBER:

4a. AGE *(Last Birthday in Years)*:	4b. UNDER 1 YEAR: *Months:* _____ *Days:* _____	4c. UNDER 1 DAY: *Hours:* _____ *Minutes:* _____	5a. DATE OF BIRTH *(MM/DD/YYYY)*:	5b. DATE OF DEATH *(MM/DD/YYYY)*:	6a. STATE OF BIRTH *(if not in USA, Name of Country)*:	6b. CITIZEN OF WHAT COUNTRY:

7. PLACE OF DEATH *(Check One)*:	If Death Occurred in **HOSPITAL**: ____ Emergency Room / Outpatient ____ Inpatient ____ Dead on Arrival	If Death Occurred Somewhere Other Than a **HOSPITAL**: ____ Hospice Facility ____ Decedent's Home ____ Nursing Home / Long Term Care Facility Other *(Please Specify)*:

8. FACILITY NAME *(If Not Institution, Street Name & Number)*:	9. CITY / TOWN, STATE, ZIP CODE:	10a. COUNTY OF DEATH:	10b. ISLAND OF DEATH:

11. EVER IN ARMED FORCES? ____ Yes ____ No ____ Unknown Branch:	12. MARITAL STATUS AT TIME OF DEATH: ____ Married ____ Divorced ____ Widowed ____ Never Married ____ Unknown	13. SURVIVING SPOUSE NAME *(If Wife, Give Name **PRIOR** to Marriage; First, Middle, Last)*:

14a. RESIDENCE STATE:	14b. COUNTY:	14c. CITY / TOWN:	14d. STREET & NUMBER:	14e. APT NO:

14f. ZIP CODE:	14g. INSIDE CITY LIMITS? ____ Yes ____ No	15. DECEDENT'S EDUCATION - NOTE if High School Graduate *(Highest Grade or Degree Completed)*:	16. DECENT OF HISPANIC ORIGIN? ____ No ____ Mexican ____ Cuban ____ Puerto Rican ____ Central-S Am ____ Unk ____ Other:	17. DECEDENT'S RACE:

18. DECEDENT'S USUAL OCCUPATION *(Work Done During Most of Working Life. **DO NOT USE RETIRED**)*:	19. KIND OF BUSINESS OR INDUSTRY *(**DO NOT GIVE EMPLOYER NAME**)*:

20. FATHER'S NAME *(First, Middle, Last)*:	21. MOTHER'S NAME - ***PRIOR TO FIRST MARRIAGE*** *(First, Middle, Last)*:

22a. INFORMANT'S NAME:	22b. RELATIONSHIP:	22c. MAILING ADDRESS *(Street & Number, City, State, Zip Code)*:

23. METHOD OF DISPOSITION: ____ Burial ____ Cremation ____ Removal ____ Entombment ____ Medical Science ____ Other	24. PLACE OF DISPOSITION *(Name of Cemetery, Cremetory, Other)*:

25. LOCATION *(City / Town, State)*:	26. NAME & COMPLETE ADDRESS OF FUNERAL FACILITY: **GARDEN ISLAND MORTUARY, LTD.** **P.O. BOX 90, LAWAI, HI 96765**	27a. DATE OF DISPOSITION *(MM/DD/YYYY)*:	27b. FUNERAL DIRECTOR SIGNATURE:

SIGNATURE: _____ **RELATIONSHIP:** _____ **DATE:** _____