

**INFORMATION NEEDED FOR THE DEATH CERTIFICATE**

**Full Legal Name:** \_\_\_\_\_

**Home Street Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Inside the City Limits:**    **Yes**            **No**            **Year Moved to Residence:** \_\_\_\_\_

**Sex:**    **Male** / **Female**    **Other:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Hispanic Origin:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Place of Birth (Name of the City/Town & State):** \_\_\_\_\_

**Marital Status:**        **Married**        **Never Married**        **Divorced**        **Widowed**

**Spouses Name (Use wife's Maiden name):** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

**Mother's Full Name (Maiden Name):** \_\_\_\_\_

**Occupation (Most of Life):** \_\_\_\_\_

**Type of Business/Industry:** \_\_\_\_\_

**Education (Number of School Years Completed)** \_\_\_\_\_

**Some College        Associate        Bachelor        Master        Doctorate**

**Veteran:**        **Yes**    /    **No**    **Branch:** \_\_\_\_\_ **Years:** \_\_\_\_\_

**THE FOLLOWING INFORMATION PERTAINS TO THE INFORMANT**

**OR PERSON FILLING OUT THIS FORM**

**Full Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone Number (w/ Area Code)** \_\_\_\_\_

**Relationship the Deceased/Person Named Above** \_\_\_\_\_

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