

# North Georgia Cremation Services

## DEATH CERTIFICATE WORKSHEET

Full Legal Name: \_\_\_\_\_ Last Name at Birth: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ Is the Address Inside City Limits? YES NO  
*City State ZIP Code*

Date of Birth: \_\_\_\_\_ Birthplace (City, State): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex:  MALE  FEMALE

Were You a Member of the Armed Forces  YES  NO If Yes, What Branch? \_\_\_\_\_

Marital Status  Married  Divorced  Separated  Never Married  Widowed

Spouse's Full Name (If Female Give Name at Birth): \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full Name at Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Nature of Business: \_\_\_\_\_ Last Employer: \_\_\_\_\_

Highest Level of Education Completed:  8<sup>th</sup> Grade or Less  9<sup>th</sup> Grade  10<sup>th</sup> Grade  11<sup>th</sup> Grade  High School Grad/ GED  Some College, No Degree  Associate  Bachelor's  Master's  Doctorate

Hispanic Origin:  None  Yes, Puerto Rican  Yes, Mexican/ Mex. American/ Chicano  Yes, Cuban  Yes, Other  Specify Other: \_\_\_\_\_

Race:  White  Black African American  Samoan  Japanese  Korean  American Indian/ Alaskan Native  Asian Indian  Vietnamese  Other Asian  Chinese  Native Hawaiian

Other Pacific Islander  Filipino  Guamanian/ Chamorro  Other

