Fox Funeral Home & Crematory

2800 Commercial Way - Rock Springs - Wyoming 82901

DEATH CERTIFICATE INFORMATION FORM

Number of Certified DC's _____

1. Full Legal Name_____

2. Sex_____ 3. Social Security Number_____

4. Age_____ 5. Date of Birth_____ 6. Date of Death_____

7. Race (if hispanic specify origin)_____

8. Birth Place (city/state/county)_____

9. Place of Death (name/address)_____

City/State/County_____

10. Inside City Limits?_____

11. Residence Address_____

12. Marital Status_____
Surviving Spouse(if wife give maiden name)_____

13. Father's Name_____

14. Mother's Name (Maiden)_____

15.Informant's Name_____

Complete Address_____

Phone Number_____ Relationship to Deceased_____

16. Ever in the Armed Forces?_____ Branch_____

17. Education (elementary 0-12)_____ (college1-4 or 5+)_____

18. Occupation_____

Business/Industry_____

19. Did Tobacco Use Contribute to Death?_____

20. If Female Under 54, was she pregnant within last 12 months?_____

21. Date of Disposition_____ Method of Disposition_____

22.Name of Crematory/Cemetery_____

23. City/State of Crematory/Cemetery_____

Phone: 307-362-3876 **Fax: 307-362-6057**