Poole Funeral Home & Cremation Services

Family Email Address: _____ **Phone:** _____

1. DECENDENT'S LEGAL FULL NAME (FIRST, MIDDLE, LAST)		1a. LAST NAME AT BIRTH (IF FEMALE)		2. SEX	2a. DATE OF DEATH (MM/DD/YY)
3. SOCIAL SECURITY NUMBER	4a. AGE (YEARS)	4b. UNDER 1 YEAR		4c. UNDER 1 DAY	5. DATE OF BIRTH (MM/DD/YY)
		MONTHS	DAYS	HOURS / MINUTES	
6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		7a. STREET AND NUMBER OF RESIDENCE		7b. ZIP CODE	7c. CITY OR TOWN OF RESIDENCE
7d. COUNTRY OF RESIDENCE		7e. STATE OF RESIDENCE	7f. COUNTY	7g. INSIDE CITY LIMITS ☐YES ☐ NO ☐ UNKNOWN	8. ARMED FORCES ☐YES ☐ NO ☐UNKNOWN
8a. OCCUPATION		Bb. NATURE OF BUSINESS		8c. EMPLOYER	
9. MARITAL STATUS ☐ Married ☐ Divorced ☐ Married, but seperated ☐ Never Married ☐ Widowed ☐ Unknown		10. SPOUSE'S NAME If Wife, give name prior to first marriage.		11. FATHER'S NAME (First, Middle, Last)	
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		13. DECEDENT'S EDUCATION (Highest Level) ☐ Six grade or less ☐ Bachelor's degree (e.g. Ba, AB, BS) ☐ 9-12th grade, no diploma ☐ Master's degree (e.g. MA, MS, Merg. Med. MBW) ☐ High School diploma, GED compl... ☐ Doctorate (e.g. Phd. EdD) or professional degree (e.g. MD, DDS, LLB, JD) ☐ Some college ... but no degree ☐ Associate degree (e.g. AK, AS) ☐ Unknown			14a. INFORMANT'S NAME (First, Middle, Last)
14b. RELATIONSHIP TO DECEDENT		14c. MAILING ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE. ZIP CODE)			

15. HISPANIC ORIGIN
☐ No, not Spanish/Hispanic/Latino
☐ Yes, Puerto Rican
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify) _____
☐ Unknown

16. DECEDENT'S RACE
☐ White ☐ Black/African American ☐ Samoan
☐ Japanese ☐ Korean ☐ American Indian/Alaska Native
☐ Asian Indian ☐ Vietnamese ☐ Other Asian
☐ Chinese ☐ Native Hawaiian ☐ Other Pacific Islander
☐ Filipino ☐ Guamanian/Chamorro ☐ Other
☐ Unknown

17a. IF DEATH OCCURRED IN HOSPITAL
☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

17b. IF DEATH OCCURRED OTHER THAN HOSPITAL
☐ Hospice Facility ☐ Nursing Home/Long-term Care Facility ☐ Decedents Home ☐ Other ☐ Unknown

18. FACILITY NAME	19. FACILITY ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE)	20. COUNTY OF DEATH
21. METHOD OF DISPOSITION ☐ Burial ☐ Donation ☐ Removal from State ☐ Cremation ☐ Entombment ☐ Other	22. PLACE OF DISPOSITION (NAME AND COMPLETE ADDRESS)	23. DATE OF DISPOSITION (MM/DD/YYYY)
24a. EMBALMER'S NAME & CERTIFIED INITIALS		24b. LICENSE NUMBER
25. FUNERAL HOME NAME	25a. FUNERAL HOME ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE)	
26. FUNERAL DIRECTOR	26a. SIGNATURE OF FUNERAL DIRECTOR	26b. LICENSE NUMBER

27. DATE PRONOUNCED DEAD	28. TIME PRONOUNCED DEAD	29a. PRONOUNCER'S NAME AND TITLE (PRINT)
29b. PRONOUNCER'S LICENSE NUMBER		30. ACTUAL OR PRESUMED TIME OF DEATH

ATTENDING PHYSICIAN _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

We will make every effort to secure your certified copies of the death certificate as soon as possible. It will be a minimum of ten to fourteen days before you receive your copies.

Signature of family representative:

Autopsy: ☐ Yes ☐ No Number of certified copies needed: _____

Disposition of certified copies: ☐ Call ☐ Mail

Hold # _____

Infomant's SS# _____