

FUNERAL INFORMATION RECORD

DECEDENT INFORMATION							
Name of Deceased – First		Middle			Last		
Social Security Number	Marital Status		Sex	Race		Hispanic Origin or Ancestry: If Yes, Country of Origin:	
Residence of Record		City	In City Limits?	County		State	Zip Code

Place of Death		Address					
City of Death		In City Limits?	County		State	Zip Code	
Date of Death		Time of Death					
Physician's Name		Physician's Address				Physician's Phone	

Date of Birth		City		State/Country	U.S. Citizen?		
Armed Forces Branch	Service Number	Honorable Discharge?	Date Entered		Date Separated		
Usual Occupation (Prior to Retirement)		Education Completed Elem – High School _____ years College _____ years			Highest Degree Attained		
Kind of Business or Industry		Employer		City		No. of Years in Industry	

Deceased's Spouse (First, Middle, Maiden, Last)		Living?	Email	
Deceased's Mother's Name (First, Middle, Maiden, Last)		Living?	Deceased's Father's Name (First, Middle, Last) Living?	

INFORMANT INFORMATION				
Name of Informant – First		Middle		Last
Street Address			City	State Zip Code
Telephone	Relationship to Deceased		Email Address	

SURVIVORS

[illegible]