# Required Information for the Death Certificate

*(Our families find it easier to answer these questions ahead of time.)*

## Type of Service

☐ Burial ☐ Cremation

Information for:_____
First Name Middle Last

Sex: ☐ Male ☐ Female Social Security Number:_____

Birthplace:_____ Date of Birth:_____
(City and State or Foreign Country) (Month, Day, Year)

Armed Services ☐ Yes ☐ No Branch of Service:_____

Enlistment Date:_____ Discharge Date:_____

Service Number:_____ Highest Rank Attained:_____

Occupation:_____ Kind of Business/Industry:_____
(Do not use retired)

Marital Status:_____ Name of Spouse:_____
(Married, Never Married, Widowed, Divorced) (If Married or Widowed)

Residence State:_____ County:_____ City or Town:_____

Street, Number and Zip Code:_____

Length of time at current residence: _____

Race:_____ Hispanic Origin? ☐ Yes ☐ No If Yes, Specify:_____
(American Indian, Black, White, etc.) (Cuban, Mexican, Puerto Rican, etc.)

Education: (specify only highest grade completed)_____
Elementary/Secondary 0-12 or College 1-5+

Fathers name:_____
First Middle Last

Mothers Name:_____
First Middle Maiden

Attending Physicians Name:_____ Phone #:_____

Address:_____

Next of Kin Name:_____ Relationship:_____

Address:_____

Phone Number:_____ Work Number:_____


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