

STATISTICAL INFORMATION OF DECEDENT

NAME: _____

ADDRESS: _____

YEARS IN COUNTY OF DEATH: _____

RACE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY: ____ / ____ / ____ MILITARY SERVICE: YES ___ NO ___

MARITAL STATUS: _____

NAME OF SPOUSE: _____
FIRST MIDDLE LAST (MAIDEN)

DECEDENT'S OCCUPATION: _____
(PRIOR TO RETIREMENT)

KIND OF BUSINESS: _____

YEARS AT OCCUPATION: _____

EDUCATION (FORMAL): _____

NAME OF FATHER: _____
FIRST MIDDLE LAST

STATE OF FATHER'S BIRTH: _____

NAME OF MOTHER: _____
FIRST MIDDLE LAST (MAIDEN)

STATE OF MOTHER'S BIRTH: _____

OF CERTIFIED DEATH CERTIFICATES: _____ **Today's Date** _____ +

AUTHORIZING AGENT (CLOSEST TO NEXT OF KIN) INFORMATION

NAME: _____ **Initials after proofing** _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____ **E-Mail Address:** _____