

Simple Traditions Cremation & Burial

Statistical Information of Decedent

Note: The following information is required to complete the certificate of death and is kept confidential.

NAME: _____
First Middle Last

ADDRESS: _____
Street City State Zip code

YEARS IN COUNTY: _____
(Where passing occurred)

DATE OF BIRTH: _____ Hispanic: Yes / No Military Service: Yes / No

STATE OF BIRTH: _____

SOCIAL SECURITY: _____-_____-_____

RACE / ETHNICITY: _____

MARITAL STATUS: _____ (Married, Divorced, Widowed, Never Married)

SURVIVING SPOUSE: _____
First Middle Last (Maiden)

EDUCATION: _____ (H.S. Grad, Associate's, Bachelor's, Master's, Professional, Doctorate)
(Highest Level of Completion)

OCCUPATION: _____
(Present or before Retirement)

KIND OF BUSINESS: _____

YEARS IN OCCUPATION: _____

NAME OF FATHER: _____
First Middle Last

STATE OF FATHER'S BIRTH: _____

NAME OF MOTHER: _____
First Middle Last (Maiden)

STATE OF MOTHER'S BIRTH: _____ Today's Date: _____

Initials After Proofing: _____

INFORMATION FOR NEXT OF KIN / AUTHORIZING AGENT

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____
Street City State Zip code

PHONE: _____ E-MAIL: _____

ALTERNATE CONTACT

NAME: _____ RELATIONSHIP: _____

PHONE: _____ NOTES: _____
