

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 they lived)

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: _____ (Highest Level/Degree: Grade 0-11 or 12th Grade with No Diploma, GED, H.S. Graduate, Some College but No Degree, Associate's, Bachelor's, Master's, Professional, Doctorate)

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: _____
