



Family Information Form

(This information is required for the death certificate and any obituary listings)

DEATH CERTIFICATE INFORMATION

Name _____ Phone (_____) _____
First Middle Last (Maiden)

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Date of birth _____ Birthplace (county and state) _____

U.S. Armed Forces yes no (if yes, please enclose a copy of discharge papers) Branch of Service _____ Rank _____

Marital status married never married widowed divorced

Spouse's name (include maiden name if applicable) _____

INFORMANT (person responsible for decedent) Name _____ Address _____

Usual occupation _____ Type of business _____ Employer _____ how long _____

Education (highest grade completed including college) _____ Hispanic origin yes no Race _____ (American Indian, Black, White, etc. – Specify)

Father's name* _____ Mother's name* _____
First Middle Last First Middle Maiden Name

* indicate deceased

OBITUARY INFORMATION

Children and their places of residence* _____

Grandchildren and their places of residence* _____

Siblings and their places of residence* _____

Wedding date _____ Religious affiliation/church _____

