



BIOGRAPHICAL INFORMATION

Complete information for person services are intended for:

Please Print Neatly, All Information on this side of the form is REQUIRED for the Death Certificate

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Inside City Limits Y N Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Email: _____

Date of Birth: _____ City of Birth: _____ State of Birth: _____

SSN: _____ Race: _____ Male Female

Occupation: _____ Type of Business: _____
Do not use "Retired" *Do not list employer*

Education in Years (1-12): _____ College (1-4 or 5+): _____ Degree: _____

Marital Status: Married Divorced Widowed Never Married Married but Separated

First Name of Spouse: _____ Middle Initial: _____ Last/Maiden Name: _____

First Name of Father: _____ Last Name: _____

First Name of Mother: _____ Maiden Name: _____

Next of Kin: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Email: _____

VETERANS INFORMATION

Branch of Military: _____ Rank: _____

Date of Entry: _____ Date of Discharge: _____

PLEASE PROVIDE A COPY OF THE DISCHARGE PAPERS (DD-214)

Number of Death Certificates Requested: _____ Height: _____ Weight: _____

Administrative Office - 1166 Parsons Ave., Columbus, Ohio 43206

local [614] 444-3200 * Fax [614] 559-0626

website: www.EdwardsFuneralService.com Email: Director@EdwardsFuneralService.com

COMPLETE OBITUARY INFORMATION ON BACK SIDE

BIOGRAPHICAL INFORMATION

Religion:

Church:

List Clubs, Noteworthy Achievements, Etc,:

SURVIVING RELATIVES

Father:

Mother:

Husband / Wife:

Sons:

Daughters:

Brothers:

Sisters:

Grandchildren (No):

Great Grandchildren (No):

Deceased Relatives:

Newspaper Notices in: