ROBERT L Snyder
FUNERAL HOME AND CREMATORY, INC.

DEMOGRAPHIC INFORMATION WORKSHEET

(For Completion of Death Certificate)

DECEDENT INFORMATION

Legal Name: _____
(Last) _____ (First) _____ (Middle) _____ (Suffix) ___

Date of Death: ____ / ____ / _____ **Time:** _____ ☐ AM ☐ PM
Date of Birth: ____ / ____ / _____ **Age:** _____
Sex: ☐ Male ☐ Female **Social Security Number:** _____ - _____ - _____
Place of Birth (City/State or Country): _____

RESIDENCE

Street Address: _____ Apt/Unit: _____
City: _____ **County:** _____
State: _____ **ZIP:** _____
Inside City Limits? ☐ Yes ☐ No

MARITAL STATUS

☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Separated
Surviving Spouse's Name (Maiden Name) _____

EDUCATION & OCCUPATION

Highest Education Completed:
☐ 8th Grade or Less ☐ 9–12 (No Diploma) ☐ HS Grad/GED
☐ Some College ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate/Professional

Usual Occupation (Most of Working Life): _____
Industry/Business Type: _____
Veteran? ☐ Yes ☐ No ☐ Unknown Branch: _____

PARENTS

Father's Name (First, Middle, Last): _____
Mother's Name (First, Middle, Maiden): _____

RACE & ETHNICITY (Check all that apply)

Hispanic Origin:
☐ No ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other: _____

Race:
☐ White ☐ Black/African American ☐ American Indian/Alaska Native (Tribe: _____)
☐ Asian (Specify: _____) ☐ Pacific Islander (Specify: _____)
☐ Other: _____

DISPOSITION

☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Other: _____

Place of Disposition (Name & Location): _____

INFORMANT

Name: _____ **Relationship:** _____
Address: _____
Address: _____
Phone: _____