

**Castle Hill Funeral Home**

Please print and complete the Personal History Document.  
This document is required to complete the Death Certificate.

Email completed Personal History Document to:  
Castlehillfuneralhome@hotmail.com

If you are emailing multiple documents, please submit all documents in 1 email.

**DEATH CERTIFICATE INFORMATION – PERSONAL HISTORY**

Deceased's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Deceased's Maiden Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Vet: Y N Branch: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ City and State of Death: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Facility Name: \_\_\_\_\_ TOD: \_\_\_\_\_ A P

Deceased's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Deceased's Marital Status:            Married            Never Married            Divorced            Widowed

Spouse's First & Last Name: \_\_\_\_\_

Spouse's Maiden Name: \_\_\_\_\_

Deceased's Father's First & Last Name: \_\_\_\_\_

Deceased's Mother's First & Last Name: \_\_\_\_\_

Deceased's Mother's Maiden Name: \_\_\_\_\_

Deceased's Occupation: \_\_\_\_\_ Industry: \_\_\_\_\_

Deceased's Education: 8<sup>th</sup> grade or less/ HS-No Diploma/ HS Diploma or GED/ Some College – No Degree/ Assoc/ Bach/ Mast/ Doct

Deceased's Race \_\_\_\_\_ Hispanic Origin: Mex/ Mex Amer/ Puerto Rican/ Cuban/ Spanish/ Hispanic/ Latino

Informant's Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\***FUNERAL HOME USE ONLY**\*\*\*\*\*

BURIAL: \_\_\_\_\_ CREMATION: \_\_\_\_\_

Visitation Date: SUN M T W TH F SAT \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

City and State: \_\_\_\_\_

Funeral Date: SUN M T W TH F SAT \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

City and State: \_\_\_\_\_

Internment Date: SUN M T W TH F SAT \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

City and State: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Grave: \_\_\_\_\_

Dr Name: \_\_\_\_\_ Phone: \_\_\_\_\_ #CC: \_\_\_\_\_