

**INGRAM FUNERAL HOME**  
(ABBA CREMATION & MORTUARY SERVICES)  
1462 E. Quinlan Parkway/P. O. Box 2218  
Quinlan, Texas 75474  
(903) 356-0700

DEATH CERTIFICATE INFORMATION FORM  
**DIRECT CREMATION**

\_\_\_\_\_ NUMBER OF DEATH CERTIFICATES NEEDED

1. DATE OF DEATH \_\_\_\_\_

2. SOCIAL SECURITY NUMBER \_\_\_\_\_

3. NAME OF DECEASED: \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN

4. SEX:  MALE  FEMALE

5. DATE OF BIRTH: \_\_\_\_\_

6. AGE: \_\_\_\_\_

7. BIRTHPLACE \_\_\_\_\_  
(City & State or Foreign Country)

8. RACE: \_\_\_\_\_

9. WAS THE DECEASED HISPANIC ORIGIN:  YES  NO

10. MARITAL STATUS:  MARRIED  WIDOWED  DIVORCED  NEVER MARRIED  UNKNOWN

11. SURVIVING SPOUSE: \_\_\_\_\_  
(If Wife, Give Maiden Name)

12. FATHER'S NAME: \_\_\_\_\_

13. MOTHER'S MAIDEN NAME: \_\_\_\_\_  
FIRST MIDDLE LAST (Before Marriage)

14. RESIDENCE STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

COUNTY

CITY OR TOWN

ZIP CODE

15. IS ADDRESS INSIDE CITY LIMITS:  YES  NO

16. INFORMANT'S NAME: \_\_\_\_\_

17. RELATIONSHIP: \_\_\_\_\_

18. MAILING ADDRESS OF INFORMANT: \_\_\_\_\_

19. PHONE NUMBER: \_\_\_\_\_

20. EDUCATION: \_\_\_\_\_  
(Specify Highest Grade Completed, Elementary or Secondary (0-12), College (13-16, 17+))

21. DECEASED USUAL OCCUPATION: \_\_\_\_\_  
(If Retired, Occupation Before Retirement)

22. KIND OF BUSINESS OF INDUSTRY: \_\_\_\_\_

23. WAS DECEASED EVER IN U. S. ARMED FORCES?  YES  NO 24. IF YES, WHAT BRANCH? \_\_\_\_\_

**25. PLACE OF DEATH (CHECK ONLY ONE)**

HOSPITAL:

||

SOMEWHERE OTHER THAN HOSPITAL

INPATIENT  ER/OUTPATIENT  DOA

||

NURSING HOME  HOSPICE FACILITY  RESIDENCE

||

OTHER (SPECIFY) \_\_\_\_\_

26. PLACE OF DEATH \_\_\_\_\_  
(If not a medical facility, give street address)

27. COUNTY OF DEATH \_\_\_\_\_

28. CITY/TOWN, ZIP CODE (If outside city limits, give precinct number) \_\_\_\_\_