

Death Certificate and Funeral Record Information

Please complete all requested information if possible. Information is required for the issuance of a certified death certificate.

This information is used in the preparation of a Certified Death Certificate which is a legal document.

DECEDENT'S FULL LEGAL NAME: (First, Middle Last): _____

SEX: _____ DATE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DID DECEDENT SERVE IN US ARMED FORCES: _____ YES _____ NO

PLACE OF DEATH: _____

FACILITY NAME _____ CITY: _____

COUNTY: _____

FACILITY TYPE: _____

DECEDENTS OCCUPATION: (DO NOT USE RETIRED): _____

INDUSTRY OF OCCUPATION: _____

MARTIAL STATUS: _____

SPOUSE's NAME (Include Maiden): _____

DECEDENT'S STREET ADDRESS: _____

CITY: _____ STATE: _____ COUNTY: _____

ZIP CODE: _____ INSIDE OF CITY LIMITS? _____ YES _____ NO

WAS DECEDENT OF HISPANIC ORIGIN? _____ NO _____ YES (If "yes" specify)

RACE: _____

EDUCATION: SPECIFY (only highest grade completed) _____

FATHER'S NAME: (First, Middle, Last) _____

MOTHER'S NAME: (First, Middle, MAIDEN) _____

DISPOSITION: BURIAL CREMATION REMOVAL FROM STATE DONATION OTHER

NAME OF CEMETERY: _____ CITY: _____

COUNTY: _____ STATE: _____

NAME OF PERSON FILLING OUT INFORMATION:

(Informant) _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

I understand that the "Death Certificate" is an important legal document. The information that I have provided is accurate and correct to the best of my ability. I have provided the information above and agree that in the event changes need to be made after issuance, that I will be responsible for all charges incurred. Including charges that may be additionally incurred regarding the correction and the reissue of the death certificates. Those charges will include the fee for the corrected death certificates, state correction fees and a service charge from the mortuary for correcting and obtaining the death certificates.

I agree to hold harmless ***Burns-Curl Cremation & Funeral Services*** from all expenses, time delays and damages that I or the estate of the deceased may incur for to the correction of death certificates. I also understand that for corrected death certificates to be issued, I must collect and return all of the originally issued certificates prior to any corrections being made. I also understand that this process may take approximately 2 to 4 weeks for reissuance.

Printed Name: _____

Signature of Informant: _____

Date Signed: _____