

VITAL BIOGRAPHICAL INFORMATION REQUIRED FOR DEATH CERTIFICATE:

Legal Name (First, Middle, Last) _____ Sex M F

Address _____

City _____ State _____ Zip _____

Phone Number _____

Birth Date _____ Citizenship _____

Birthplace (City or County, State) _____

Social Security Number: _____

Marital Status: Never Married Married Widowed Divorced

Spouse's Name (If wife, give maiden name) _____

Father's Name (First, Middle, Last) _____

Mother's Name (Include Maiden Name - First, Middle, Maiden, Last) _____

Occupation (Indicate type of work done during most of working life) CANNOT USE "RETIRED" _____

Kind of Business/Industry _____

Education (Check the box that best describes the highest degree or level of school completed at the time of death)

- | | |
|--|---|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> 9th -12th grade; no diploma |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Some college credit, but no degree |
| <input type="checkbox"/> Associate degree (e.g., AA, AS) | <input type="checkbox"/> Bachelor's degree (e.g., BA, AS, BS) |
| <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) | |
| <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) | |

Other Family (optional - Relationship, Name, City, State) _____

Veteran Yes No

Veteran's Administration Claim No. _____ Branch _____

Copy of Military Discharge