

273 North Ridge Avenue

P. O. Box 51434, Idaho Falls, ID 83405-1434

Phone: (208) 522-2751 Fax: (208) 522-5413



963 South Ammon Road

web: www.woodfuneralhome.com

email: wood@woodfuneralhome.com

REQUIRED FOR IDAHO DEATH CERTIFICATE

FULL LEGAL NAME OF DECEASED _____

PREFERRED NAME _____

Street Address _____

City _____ State _____

Is this address inside City Limits? Yes No Zip Code _____

SOCIAL SECURITY # _____

Date of Birth _____ Age _____

Place of Birth _____

DATE OF DEATH _____ **PLACE** _____

DOCTOR _____ **HOSPICE** _____

Father's Full Name _____ if living

Father's Place of Birth (State only) _____

Mother's Name (*plus Maiden*) _____ if living

Mother's Place of Birth (State only) _____

RACE OF DECEASED White Black Other _____

If Hispanic, specify country of ancestry _____

If Native American, specify tribe _____

HIGHEST LEVEL OF EDUCATION COMPLETED (*please circle one*)

8 9-12 12 Some College Associate Bachelor Master Doctorate

Main Occupation of deceased _____

Industry _____

MARITAL STATUS

Never Married Married Divorced Widowed

Spouse's Full Name (*inc. Maiden*) _____

Date of Marriage _____ Place _____

Other Spouse _____

Date of Marriage _____ Place _____

Spouse Date of Death (*if deceased*) _____

VETERAN INFORMATION

Was Deceased a Veteran? Yes No Rank _____

Branch of Service _____ War _____

ITEMS TO BRING IN:

- This paper, filled out completely
- Life or Burial Insurance Policy
- Picture for obituary and/or programs
- Cemetery Plot Information
- Clothing
- Video Tribute Pictures (*75 photos*)
- Military Discharge (DD214)

NEXT OF KIN _____

Relationship _____

Street Address _____

City _____

State _____ Zip Code _____

Email _____

Phone # _____

Social Security # _____

OPTIONAL OBITUARY INFORMATION

Where grew up; schools, universities, trade schools, etc. attended _____

Church Affiliations & Activities _____

Hobbies, Interests, Accomplishments _____

CHILDREN (those living)

- 1. Daughter / Son _____ Spouse _____ City, State _____
- 2. Daughter / Son _____ Spouse _____ City, State _____
- 3. Daughter / Son _____ Spouse _____ City, State _____
- 4. Daughter / Son _____ Spouse _____ City, State _____
- 5. Daughter / Son _____ Spouse _____ City, State _____
- 6. Daughter / Son _____ Spouse _____ City, State _____
- 7. Daughter / Son _____ Spouse _____ City, State _____
- 8. Daughter / Son _____ Spouse _____ City, State _____

Grandchildren _____ Great Grandchildren _____ Great Great Grandchildren _____

SIBLINGS (those living)

- 1. Brother / Sister _____ Spouse _____ City, State _____
- 2. Brother / Sister _____ Spouse _____ City, State _____
- 3. Brother / Sister _____ Spouse _____ City, State _____
- 4. Brother / Sister _____ Spouse _____ City, State _____
- 5. Brother / Sister _____ Spouse _____ City, State _____
- 6. Brother / Sister _____ Spouse _____ City, State _____
- 7. Brother / Sister _____ Spouse _____ City, State _____
- 8. Brother / Sister _____ Spouse _____ City, State _____
- 9. Brother / Sister _____ Spouse _____ City, State _____
- 10. Brother / Sister _____ Spouse _____ City, State _____

PARENTS OR GRANDPARENTS (those living – list relationship and city, state of residence)

- 1. _____ 3. _____
- 2. _____ 4. _____

PRECEDED IN DEATH BY (with relationship):

- 1. _____ 5. _____
- 2. _____ 6. _____
- 3. _____ 7. _____
- 4. _____ 8. _____

FOR FUNERAL HOME USE

East Side
 Downtown (Ridge)
 Graveside
 Church

Name _____ Address _____

Day _____ Date _____ Time _____ a.m / p.m.

Visitation Prior: Yes No Time _____ Evening Visitation: 6:30-8 p.m. 7-8:30 p.m.

Name of Officiant _____ Phone # _____

Cemetery _____ City _____ State _____

Space or Lot # _____ Burial Space: *next to, etc.* _____