



Stark Memorial Funeral Home and Cremation Services

1014 E. State St * P. O. Box 748

Salem, OH 44460

330-332-5139 * Fax 330-332-1498

** VITAL STATISTIC INFORMATION FOR THE STATE OF OHIO DEATH CERTIFICATE **

~ Please print or type ~

Decedent's Full Name (First, Middle, Last): _____ Male Female

Social Security Number: _____ Date of Birth: _____

Birth Place (City, and State of birth): _____

Decedent's Last Known Address: _____

Date of Death: _____ Time of Death: _____ Decedent of Hispanic Origin? Yes or No: _____

Surviving Spouse (If wife, put maiden name as last name): _____

Marital Status: Married Separated Never Married Widowed Divorced

Decedent's Race: White - Black - American Indian - Latin - Jewish - Other Choose _____

Education Level: [8th Grade or Less] [9-12th Grade, no diploma] [GED or HS diploma]
 [Some College, no degree] [College degree] If Degree, specify: Choose _____

Father's Name: _____ Mother's Name (first and maiden name): _____

Place of Death (institution or home address): _____

County: _____ City: _____ State: _____ Zip: _____

Informant Name: _____ Relationship to the deceased: _____

Informant Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Informant's Email Address: _____

Was the Deceased in the US Armed Forces? Yes or No: Choose Which Branch?: _____

If yes, can you provide the DD-214 (discharge papers)? Yes or No: Choose _____

Type of Disposition: [Burial], [Cremation], [Anatomical Donation]: Choose _____

Name of Cemetery: _____ City: _____ State: _____

Additional Notes/Comments: _____

Occupation _____