



Barbara Falowski
Funeral & Cremation Services

Barbara Falowski Funeral & Cremation Services
900 NW 5 TH AVE - Fort Lauderdale, Florida 33311
Phone: (954) 462-4262 - Fax: (954) 764-1225 - Email: info@barbarafalowski.com

Decedent's Name _____ AKA _____
First Middle Last Suffix

Sex _____ Date of Birth _____ Age _____ Date of Death _____
M/F Month Day Year Month Day Year

SSN# _____ Place of Birth _____
City State or Country

Place of Death (select one) ☐ Hospital ☐ Hospice ☐ Nursing Home ☐ Decedent's Home ☐ Other

Facility Name (If not institution, give street address) _____ Apt _____

City _____ State _____ County _____

Marital Status (select one): ☐ Married ☐ Married but Separated ☐ Widowed ☐ Divorced ☐ Never Married

Surviving Spouse (if wife give maiden name) _____
First Middle Last (if wife maiden name)

Decedent's Residence _____
Street Address Apt/Unit

City _____ State _____ County _____ Zip _____

Decedent's Occupation _____ Business or Industry _____
(During Most of Lifetime)

Race (one or more may be selected) ☐ White ☐ Black ☐ American Indian (specify Tribe) _____
☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other _____

Hispanic or Haitian Origin? ☐ Yes ☐ No If Yes, Select ☐ Mexican ☐ Cuban ☐ Puerto Rican
☐ Central/South American ☐ Other ☐ Hispanic _____ ☐ Haitian

Highest Level of Education (select one) ☐ 8th Grade or less ☐ Some High School No Diploma

☐ HS Diploma/GED ☐ Some College no degree

College Degree: ☐ Associate ☐ Bachelors ☐ Doctorate

Decedent in US Armed Forces? ☐ Yes ☐ No Branch: _____ DD-214 Available? ☐ Yes ☐ No

Father's Name _____
First Middle Last Suffix

Mother's Maiden Name _____
First Middle Maiden Name

Informant _____
First Middle Last Relationship to Decedent

Address _____
Street Address Apt/Unit

City _____ State _____ Zip _____

Informant's Phone Number (_____) _____

All information Verified By _____
Signature Print Name Date