

Name:	Age:
Residence:	
Occupation:	
Place of Birth: Date of Birth:	Place of Death: Date of Death: Time of Death:
Father: Mother:	Deceased: Deceased:
Spouse:	Deceased:
Funeral:	
Cemetery:	
Visitation:	
Additional Information/ Preceded in Death By:	
Expressions of Sympathy:	
Survivors:	

Name:				
Social Security Number	r:	Date of Death:	Date of B	irth:
Time of Death:		Place of Death:		
Education:				
Informant Name: Informant Address:		,		
Phone Number:				
E-mail Address:				
Headstone Up:	Veteran:			
Address of Decedant:				
		_		
		,		
Marital Status:	Death C	, Certificates: Certified	Verified	V.A.
Doctor:				
Doctor:		Certificates: Certified		
Doctor:		Certificates: Certified		
Doctor:		Certificates: Certified		
Doctor: Service Information: Minister:		Certificates: Certified		
Doctor: Service Information: Minister:		Certificates: Certified		
Doctor: Service Information: Minister:		Certificates: Certified		

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