

Jerry W. Kinley Funeral Home

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THE FOLLOWING IS REQUIRED TO ORIGINATE A DEATH CERTIFICATE

Name and Address of the Deceased: _____ Age: _____
_____ TOD: _____

Sex: _____ Race: _____ (Circle One) Married Single Widowed Divorced

Date of Death: _____ Date of Birth: _____ SSN#: _____

Spouse of Deceased: _____
(Include Maiden Name)

Father of Deceased: _____

Mother of Deceased: _____
(Include Maiden Name)

Place of Death: _____
(Name of Institution)

Birthplace of Deceased: _____

Education Level: _____

Last Known Occupation: _____

Military Veteran? Yes _____ No _____ If yes, what branch? _____

Informant's Name: _____ Relationship: _____

Address, Phone #: _____

Burial Cremation Cemetery/Crematory: _____

Doctor to Sign Death Certificate: _____