Samuel's Funeral Home, Inc.

14686 W. Dixie Highway

North Miami, Florida 33161

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Death Certificate Information Sheet: Name of decedent_____ Address: _____ City & State: _____ Date of Birth______ Date of Death:_____ Social Security: ______ Place of Death: _____ Place of Birth: ______ U.S Veteran _____ Time of Death: _____ Marital Status: _____ Spouse Full (Maiden) Name: _____ Highest level of education: Occupation & Name of Industry_____ Race: _____ Origin (Haitian or Hispanic) _____ Mother's (Maiden) Full name _____ Informant: _____ Relationship to the decedent: Address: _____