

LEGAL NAME OF DECEASED:

LEGAL ADDRESS OF DECEASED: Street Number and Name

City County State

Zip Inside City Limits (yes/no) DATE OF BIRTH

PLACE OF BIRTH (City and State)

SOCIAL SECURITY # AGE RACE

HISPANIC/HAITIAN ORIGIN? If Hispanic, Origin?

VETERAN (yes/no) OCCUPATION (Cannot use "Retired")

INDUSTRY OF OCCUPATION

FATHER'S NAME

MOTHER'S NAME AND MAIDEN NAME

HOW FAR IN SCHOOL? If College, any degree?

INFORMANT NAME, MAILING ADDRESS AND TELEPHONE: