



Death Certificate Information Form

Deceased First Name: _____ Middle _____ Last _____

Place of Death: _____ City: _____

Date of Death: _____ Male Female

Last Address: _____ City: _____ State: _____ Zip: _____

Actual Location of Residence (City Name, Village, or Township): _____

Date of Birth: _____ City of Birth: _____ State: _____

Age: _____ Social Security # _____ Military: No Yes

Occupation: _____ Industry/Field: _____

If deceased was retired - Enter occupation prior to retirement

Ancestry: _____ Race: _____

Education _____ (Highest Grade Attended or Number of Years In College)

Marital Status: Married Divorced Widowed Never Married Separated

If married and spouse is living / Enter name below (If wife - Enter maiden name below)

First Name: _____ Middle: _____ Last/Maiden _____

First Name of Father _____ Middle _____ Last _____

First Name of Mother _____ Middle: _____ Maiden Name: _____

Next of Kin: _____ Relation _____ Phone: _____

Complete Address: _____

Email Address: _____ Number of Death Certificates Needed: _____

PLEASE PROVIDE A COPY OF DISCHARGE PAPER (DD-214) IF DECEASED WAS MILITARY