

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT --- FIRST (Given)		2. MIDDLE		3. LAST (Family)		
	AKA. ALSO KNOWN AS --- Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	6. SEX IF UNDER ONE YEAR: Months Days IF UNDER 24 HOURS: Hours Minutes	
	9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
	13. EDUCATION --- Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back)			
17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			19. YEARS IN OCCUPATION	

USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number or location)					
	21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY	

INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
-----------	------------------------------------	--	---	--	--	--

SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE --- FIRST		29. MIDDLE		30. LAST (Maiden Name)	
	31. NAME OF FATHER --- FIRST.		32. MIDDLE		33. LAST	
	35. NAME OF MOTHER --- FIRST		36. MIDDLE		37. LAST (Maiden)	
					34. BIRTH STATE	
					38. BIRTH STATE	

FUNERAL DIRECTORY LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION			
	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER			43. LICENSE NUMBER
	44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/ccyy

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			106. CITY	

FUNERAL SERVICES		DATE	DAY	TIME
LOCATION				
ADDRESS				

FUNERAL SERVICES		DATE	DAY	TIME
LOCATION				
ADDRESS				

OFFICIANT	PHONE
CHURCH	PHONE

OFFICIANT	PHONE
CHURCH	PHONE

ORGANIST	PHONE
ORGAN SELECTIONS ONLY	

VOCALIST	PHONE
VOCAL SELECTIONS	

FAMILY LIMOUSINE <input type="checkbox"/> NO	TIME
QTY. _____ ADDRESS	
FAMILY LIMOUSINE	TIME
QTY. _____ ADDRESS	

PALLBEARERS LIMO <input type="checkbox"/> NO	TIME
QTY. _____ ADDRESS	
FLOWER VAN <input type="checkbox"/> YES <input type="checkbox"/> NO	MOTORCYCLE ESCORT QTY.

ITEM	QTY.	STOCK # DESCRIPTION
BOOK		
PROGRAMS		
ACK		
PRAYER CARDS		
CRUCIFIX		
CASKET		
OTHER		

PALLBEARERS <input type="checkbox"/> NO
1.
2.
3.
4.
5.
6.
7.
8.