

Vital Statistics for Death certificate: All information provided on this form will be used to file the death certificate which is a legal document. I/We have proofread this information and I confirm that all the information was transcribed correctly, including the social security number. In the event of one or more mistakes, a correction will be filed of the original death certificate.

Deceased Name: _____

Gender: _____

Maiden (if applicable): _____

Age: _____ Date of Birth: _____

Birth City, State: _____

Social Security: _____

Marital Status: _____

Spouse w/maiden: _____

Residence Address: _____

City/Town, State, Zip: _____

County: _____ Date of Death: _____

Place of Death: _____

Address: _____

Death City, State: _____

County: _____

Father's Name: _____

Mother's with Maiden: _____

Highest level of Education: _____

(Specify degree held)

Occupation: _____

Kind of Business: _____

Race-Ethnicity: _____

Ancestry: _____

Veteran: Yes or No DD214: Yes or No

Branch of Service: _____

Service Dates: _____

Service Number: _____

Name of War: _____

Informant's Name: _____

Address 1: _____

City, State, Zip: _____

Relation to Deceased: _____

Home Telephone: _____

Daytime Telephone: _____

Email: _____

Circle one: Obituary /Death Notice only

Type of Service: Family on own/Funeral Home

Main Service Place: _____

Main Service City: _____

Main Service Date/Time: _____

Remains will be: (circle one)

Given to family/ scattered/ buried

Cemetery Name: _____

City/State: _____

Authorized family signature:

_____ date: _____

****Thank you for entrusting us with these final details**