

BIOGRAPHICAL INFORMATION

Death Certificates are \$10.00 ea. _____ # Death Certificates you require

Please allow, at a minimum, 10 working days to receive them

DECEASED FULL NAME: _____

First

Middle

Last

DATE OF DEATH: _____ TIME: _____

SOCIAL SECURITY NUMBER _____ SEX: Male / Female

WAS DECEDENT OF HISPANIC ORIGIN? _____ Yes _____ No

If YES, specify: (Cuban, Mexican, Puerto Rican, Etc.) _____

RACE: (American Indian, Black, White, Etc.) _____

DECEASED RESIDENCE: _____

Street Number & Name or PO Box

City

State

Zip

WITHIN CITY LIMITS? ____ YES ____ NO

County

MARITAL STATUS: ____ Married ____ Never Married ____ Widowed ____ Divorced

SURVIVING SPOUSE FULL NAME: _____

(if wife, give **Maiden** Name)

DECEASED EMPLOYED BY: _____

DECEASED USUAL OCCUPATION: _____

(Specify kind of work done during most of working life. **DO NOT** used Retired)

KIND OF BUSINESS/INDUSTRY: _____

HIGHEST LEVEL OF EDUCATION COMPLETED: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

WAS DECEASED EVER IN THE U.S. ARMED FORCES: _____ YES _____ NO

(Please provide a copy of the DD214 for VA claims; flag purposes, etc.)

DECEASED BIRTHPLACE: _____

County

State

Foreign Country

DECEASED DATE OF BIRTH: _____

Month/Day/Year

Age

DECEASED FATHER'S NAME: _____

First

Middle

Last

DECEASED MOTHER'S NAME: _____

First

Middle

Maiden

Name/Address/Phone Number of Person providing information & relation to deceased:
