

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 Suffix (If Female, Maiden)

SEX: Male/Female AGE: _____ DATE OF BIRTH: _____

BIRTHPLACE: _____ DATE OF DEATH: _____
 County, State or Foreign Country

PLACE OF DEATH: _____
 Facility Name or Street and Number

CITY OR TOWN OF DEATH: _____ COUNTY OF DEATH: _____

MARITAL STATUS: ___ Married ___ Married, but Separated ___ Widowed ___ Divorced
 ___ Never Married ___ Unknown

SURVIVING SPOUSE FULL NAME: _____ Maiden (if wife): _____

DECEASED USUAL OCCUPATION: _____ (**DO NOT USE RETIRED**)
 (Work done during most of Life)

KIND OF BUSINESS/INDUSTRY: _____

SOCIAL SECURITY NUMBER: _____

DECEASED RESIDENCE: _____
 State County City or Town

STREET AND NUMBER: _____ CITY LIMITS: Yes/No ZIP: _____

WAS DECEASED EVER IN THE U.S. ARMED FORCES: _____ YES _____ NO
(Please provide a copy of the DD214 for VA claims; flag purposes, etc.)

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CONTINUED

DECEDENT'S EDUCATION:

- 8th grade or less
- 9-12th grade; no diploma
- High school graduate (or GED)
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (BA, AB, BS)
- Master's degree
(e.g., MA, MS, MEng, Med, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or
Professional degree (e.g., MD, DDS, DVM, LLB, JD)

DECEDENT OF HISPANIC ORIGIN:

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino (Specify)

- Other

DECEDENT'S RACE: (Check one or more races to indicate what the decedent considered himself or herself to be)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Asian (Specify)
_____ |
| <input type="checkbox"/> American Indian or Alaska Native
*Enrolled or Principal Tribe _____ | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander (Specify)
_____ |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other (Specify)
_____ |
| <input type="checkbox"/> Japanese | |
| <input type="checkbox"/> Korean | |

FATHER'S NAME: _____
 First Middle Last

MOTHER'S NAME: _____
 First Middle Maiden

INFORMANT'S NAME: _____ RELATIONSHIP TO DECEDENT: _____

INFORMANT'S MAILING ADDRESS & PHONE NUMBER: _____
