

INFORMATION ABOUT YOUR LOVED ONE

Name: First _____ Middle _____ Last _____ Sex: _____

Street: _____

City _____ State _____ Zip Code _____

Which Township/Boro did the deceased live in? : _____

INFORMATION ABOUT THE DEATH

Date of Death: _____

Place of Death: _____ Primary Doctor: _____

Address of place of death:

Street _____

City _____ State _____ zip code _____

County of Death _____ Twp./Boro of Death: _____

GENERAL INFORMATION ABOUT YOUR LOVED ONE

Date of Birth: _____ Current age: _____ Town of Birth: _____

State of Birth _____ County of Birth: _____

SSN# _____

Race: please check one of the choices below

White _____ black _____ Asian Indian _____ Chinese _____ Filipino _____ Japanese _____ Korean _____

Vietnamese _____ Native Hawaiian _____ Guamanian or Chamorro _____

American Indian or Alaska Native _____ enrolled or principal tribe _____

Other Asian _____ specify _____

Education: check below the highest degree earned

8th grade or less _____ 9th-12th grade [no diploma] _____ High School graduate or GED _____

Some college [no degree] _____ Associate Degree _____ Bachelor's Degree _____ Master's Degree _____

Doctorate or Pro Degree _____

Veteran Yes _____ No _____

Before retiring, what was the deceased occupation title : _____

Employer _____ What did the employer do or provide? _____

FAMILY INFORMATION

Father's Name: First _____ Middle _____ Last _____

Mother's Name: First _____ Middle _____ Maiden Last _____

Never Married _____ Married _____ Widowed _____ Divorced _____

Spouse's First Name: _____ Middle Name _____

Maiden Last name: _____ If Living, current last name _____

PLEASE COMPLETE THE OTHER SIDE

LIST ALL SURVIVING CHILDREN

- 1. _____
Address Street; _____ City _____ State _____ Zip Code _____
- 2. _____
Address Street; _____ City _____ State _____ Zip Code _____
- 3. _____
Address Street; _____ City _____ State _____ Zip Code _____
- 4. _____
Address Street; _____ City _____ State _____ Zip Code _____
- 5. _____
Address Street; _____ City _____ State _____ Zip Code _____
- 6. _____
Address Street; _____ City _____ State _____ Zip Code _____
- 7. _____
Address Street; _____ City _____ State _____ Zip Code _____
- 8. _____
Address Street; _____ City _____ State _____ Zip Code _____

INFORMATION ABOUT YOU...

Informant: _____

Informant's Address: Street _____

City _____ State _____ Zip Code _____

Telephone Number: _____

Email Address: _____