Escort ( ) Limo ( ) Phone No.

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.	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HOURS Hours / Minutes	6. SEX

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES? ☐ YES ☐ NO ☐ UNK	12. MARITAL STATUS	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)

13. EDUCATION	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? YES ☐ NO ☐	16. DECEDENT'S RACE

17. USUAL OCCUPATION	18. KIND OF BUSINESS OR INDUSTRY	19. YEARS IN OCCUPATION

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

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

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)	
Living? 31. NAME OF FATHER — FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Living? 35. NAME OF MOTHER — FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ Hospice ☐ Nursing Home/TLC ☐ Decedent's Home ☐ Other

104. COUNTY	105. STREET ADDRESS — (STREET AND NUMBER OR LOCATION)	106. CITY

PHYSICIAN CORONER'S CASE ? ☐ YES ☐ NO #

Place of Funeral Day Time Date

Place of Vigil Day Time Date

Place of Cremation

Place of Burial

Clergy Church

Musicians Songs

Flag / Honors

Spouse's DOB	Spouse's SS#	Buyer SS#

Relationship	Survivor	City/State

_____ Grandchildren _____ Great-grandchildren _____ Great-great-grandchildren

Obituaries to:

Press Ent. _____

Other _____

Visitation Time:

Proofed by:

X _____