

Date of Death:		City of Death:		County of Death:	
Decedent's Legal Name: (First, Middle, Last)			If Decedent is Female: (give maiden name)		Gender:
Social Security Number:		Age:	Date of Birth: (Month/Day/Year)		City of Birth:
State of Birth:	Country of Birth:	U.S. Armed Forces? Branch? Yes No	Residence Address:		
Residence City:	Residence County:	Residence State:	Residence Country:	Residence Zip Code:	Is Residence Inside City Limits? Yes No
Decedents Education: (Check the box that best describes the highest degree or level of school completed at time of death) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th -12 th ; no diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit; no degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate or Professional Degree		Decedents Hispanic Origin: (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check "No" box if decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Spanish/Hispanic <input type="checkbox"/> Yes, Mexican/Mexican American <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes Latino <input type="checkbox"/> Yes, Other Hispanic Origin If other (specify):		Decedent's Race: (Check one or more races to indicate what the decedent considered him/herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American/Alaska Native Specify Tribe: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other (Specify):	
Decedent's Usual Occupation:			Kind of Business or Industry:		
Marital Status: <div>Married Divorced Unknown Never Married Widowed</div>			Surviving Spouse: (If Female, give name prior to marriage)		
Father's Full Name:		Mother's Full Maiden Name (Give name prior to Marriage)			
Informant/Next of Kin: (First, Middle Last)		Relationship to Decedent:	Informant/Next of Kin Phone Number		
Informant/ Next of Kin Mailing Address:					
Additional Information:					