

Decedent's legal name:

Home Phone #, if preplanned Tel.: _____

(First name)

(Middle name)

(Last name)

7a. Usual Residence State	7b. County	7c. City or Town	7d. Street and Number	Apt. No.	ZIP Code	7e. Inside City Limits? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8. Date of Birth (Month) (Day) (Year-yyyy)	9. Age at last birthday (Years)	Under 1 Year		Under 1 Day		10. Social Security No.
	1	Months	Days	Hours	Minutes	
		2	3	4	5	
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired")	11b. Kind of business or industry	12. Aliases or AKAs				
13. Birthplace (City & State or Foreign Country)	14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)					
	1 <input type="checkbox"/> 8th grade or less; none 4 <input type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)					
	2 <input type="checkbox"/> 9th - 12th grade; no diploma 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree					
	3 <input type="checkbox"/> High school graduate or GED 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) (e.g., MD, DDS, DVM, LLB, JD)					
15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	16. Marital Status at Time of Death		5 <input type="checkbox"/> Widowed		17. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last)	
	1 <input type="checkbox"/> Married 3 <input type="checkbox"/> Married, but separated		6 <input type="checkbox"/> Unknown			
	2 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Never married		7 <input type="checkbox"/> Reg. Dom. Partner			
18. Father's Name (First, Middle, Last)			19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)			
20a. Informant's Name		20b. Relationship to Decedent		20c. Address (Street and Number) Apt. No. City & State		ZIP Code
21a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify _____				21b. Place of Disposition (Name of cemetery, crematory, other place)		
21c. Location of Disposition (City & State or Foreign Country)				21d. Date of Disposition mm dd yyyy Day of Week		