

FULL NAME OF DECEASED \_\_\_\_\_ (MAIDEN) \_\_\_\_\_

1. PLACE OF DEATH, STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ CITY OR PRECINCT NO \_\_\_\_\_

IN CITY LIMITS YES \_\_\_\_\_ NO \_\_\_\_\_

GIVE STREET NUMBER OF NAME OF INSTITUTION \_\_\_\_\_  
2. DATE OF DEATH \_\_\_\_\_ (HOUR \_\_\_\_\_ M) 20 \_\_\_\_\_

3. SEX \_\_\_\_\_ 4. COLOR OR RACE \_\_\_\_\_

5. SINGLE MARRIED, WIDOWED OR DIVORCED (WRITE IN THE WORD) \_\_\_\_\_ EDUCATION HIGHEST GRADE ATTENDED \_\_\_\_\_

6. DATE OF BIRTH \_\_\_\_\_ 7. BIRTHPLACE (CITY & STATE) \_\_\_\_\_

8. AGE \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ IF LESS THAN 1 DAY: HOURS \_\_\_\_\_ MINUTES \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ U.S. ARMED SERVICES: YES \_\_\_\_\_ NO \_\_\_\_\_

**RESIDENCE OF DECEASED:**

STREET & NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ LENGTH OF RESIDENCE \_\_\_\_\_

**OCCUPATION:**

9. A. TRADE, PROFESSION OR KIND OF WORK DONE \_\_\_\_\_

B. INDUSTRY OR BUSINESS IN WHICH ENGAGED \_\_\_\_\_

**PARENTS:**

10. FATHER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

11. MOTHER'S MAIDEN NAME \_\_\_\_\_ AGE \_\_\_\_\_

**INFORMANT:** INFORMANT S.S.# \_\_\_\_\_

12. SIGNATURE \_\_\_\_\_ ADDRESS \_\_\_\_\_

M.D. OR COR.LAST IN ATTENDANCE \_\_\_\_\_ ADDRESS \_\_\_\_\_

**DISPOSITION:**

DATE OF FUNERAL \_\_\_\_\_ HOUR \_\_\_\_\_

PLACE \_\_\_\_\_

MINISTER(S) CONDUCTING \_\_\_\_\_

13. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_

DATE \_\_\_\_\_, 20 \_\_\_\_\_

FAMILY WILL BE AT \_\_\_\_\_ PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

CASKET WILL / WILL NOT BE OPENED FOLLOWING THE SERVICE ?

WHERE \_\_\_\_\_

MEMORIALS OR CHARITIES \_\_\_\_\_

DEATH CERTIFICATES \_\_\_\_\_ VISITATION \_\_\_\_\_ #FAMILY \_\_\_\_\_

SURVIVORS: WIFE OR HUSBAND \_\_\_\_\_ AGE \_\_\_\_\_  
 CHILDREN \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 PARENTS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 GRANDPARENTS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 SISTERS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 BROTHERS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_

NUMBER OF GRANDCHILDREN \_\_\_\_\_ NUMBER OF GREAT GRANDCHILDREN \_\_\_\_\_  
 NUMBER OF GREAT GREAT GRANDCHILDREN \_\_\_\_\_

**IF DECEASED RENDERED MILITARY SERVICE:**

(1) RANK & ORGANIZATION \_\_\_\_\_ SERIAL NO. \_\_\_\_\_  
 (2) DATE & PLACE INDUCTED \_\_\_\_\_  
 (3) DATE & PLACE DISCHARGED \_\_\_\_\_

WAS DECEASED EVER A PEACE OFFICER IN THIS STATE: YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF PALLBEARERS:	PHONE OR ADDRESS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

**DATE OF MARRIAGE, TO WHOM, AND WHERE** \_\_\_\_\_  
 \_\_\_\_\_

ITEMIZE JEWELRY \_\_\_\_\_  
 LODGES AND ORDERS \_\_\_\_\_  
 CHURCH MEMBERSHIP \_\_\_\_\_ HOW LONG A MEMBER \_\_\_\_\_  
 CEMETARY LOTS \_\_\_\_\_ INSURANCE \_\_\_\_\_

SPECIAL REQUEST/BACKGROUND INFORMATION \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ANNOUNCEMENTS NEWSPAPERS \_\_\_\_\_ RADIO \_\_\_\_\_  
 CLOTHING \_\_\_\_\_ HAIRDRESSER \_\_\_\_\_  
 SINGERS \_\_\_\_\_  
 ORGANIST/PIANIST \_\_\_\_\_  
 MUSIC & SPECIAL SELECTIONS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_