

Certified Copies \_\_\_\_\_

# RECORD OF FUNERAL

Name for all but D.C. \_\_\_\_\_

<b>1. DECEDENT'S NAME</b> <i>(First, Middle, Last)</i>			<b>2. DATE OF BIRTH</b> <i>(Mth, Day, Year)</i>		<b>4. DATE OF DEATH</b>		
<b>5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS</b> <i>(Include AKA's if any)</i>				<b>3. SEX</b>		<b>6. AGE</b> <i>(last Birthday)</i>	
<b>7(a). LOCATION OF DEATH</b> <i>(Enter place officially pronounced dead in 7a, 7b, 7c)</i> <b>HOSPITAL OR OTHER INSTITUTION</b> -Name <i>(If not in either, give street and number and zip code)</i>			<b>B. CITY, VILLAGE OR TOWNSHIP OF DEATH</b>		<b>7c. COUNTY OF DEATH</b>		
<b>8a. CURRENT RESIDENCE- STATE</b>	<b>8b. COUNTY</b>	<b>8c. LOCALITY</b> <i>(check box that describes the location)</i> ____ City or Village ____ Township ____ Unincorporated		<b>8c. STREET &amp; NUMBER</b> <i>(Apt.)</i>			
<b>8c. ZIP CODE</b>	<b>9. BIRTHPLACE</b> <i>(City, State or County)</i>		<b>10. SOCIAL SECURITY NUMBER</b>		<b>11. DECEDENT'S EDUCATION</b> <i>(Highest Degree or level of school completed)</i>		
<b>12. RACE</b> - <i>American Indian, White, Black, etcy</i> <i>(If Asian give nationalit (ie: Chinese, Filipino Asian Indian, etc.)</i> <i>Enter all that apply)</i>		<b>13a. ANCESTRY</b> - <i>Mexican, Cuban, Arab, African, English, French, Dutch, etc.</i> <i>(Enter all that apply) If American Indian race, enter principal tribe)</i>			<b>13b. HISPANIC ORIGIN</b> <u>YES OR NO</u>	<b>14. WAS DECEDENT EVER IN THE US ARMED FORCES</b> (YES/NO)	
<b>15. USUAL OCCUPATION</b> <i>(Kind of work done)</i>		<b>16. KIND OF BUSINESS OR INDUSTRY</b>		<b>17. MARITAL STATUS</b> - <i>Married, Never Married, Widowed, Divorced (Specify)</i>	<b>18. NAME OF SURVIVING SPOUSE</b> <i>(If Wife, give name before first married)</i>		
<b>19. FATHER'S NAME</b> <i>(First, Middle, Last)</i>			<b>20. MOTHER'S NAME BEFORE FIRST MARRIED</b> <i>(First, Middle, Last)</i>				
<b>21a. INFORMANT'S NAME</b>			<b>21B. RELATIONSHIP</b>	<b>21c. MAILING ADDRESS</b> <i>(Full address and zip code include Apt. if any)</i>			
<b>INFORMANT PHONE NUMBER</b>			<b>INFORMANT EMAIL ADDRESS</b>			<b>THUMBIE Y / N</b>	<b>CONF #:</b>
<b>22. METHOD OF DISPOSITION</b>		<b>23. PLACE OF DISPOSITION</b> <i>(Name of Cemetery or Crematory)</i>		<b>23a. LOCATION</b> <i>(City or Village, State)</i>			