



**INFORMATION FORM**

**Legal Name:** \_\_\_\_\_

**(If Female - Maiden Name):**  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_

**Time of Death:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_ **Hispanic Origin (Specify)?** \_\_\_\_\_

**Residence:** \_\_\_\_\_ **Apt. No.** \_\_\_\_\_

**City or Town** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Tel. #** \_\_\_\_\_ **Cell#** \_\_\_\_\_ **Inside City Limits?** Yes No

**Marital Status** (Circle One): Married Widowed Divorced Never Married Unknown

**Surviving Spouse (If Female – Maiden):** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's Name (Full Name-Maiden Name-Before First Marriage):**  
\_\_\_\_\_

**Informant's Name (Person Giving Information & Relationship):**  
\_\_\_\_\_

**Informant's Residence:** \_\_\_\_\_ **Apt. No.** \_\_\_\_\_  
**City or Town** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Tel. #** \_\_\_\_\_ **Cell#** \_\_\_\_\_ **Inside City Limits?** Yes No

**Decedent's Education:** \_\_\_\_\_ **Armed Forces?** \_\_\_\_\_ **Ever a Peace Officer in This State?** Yes No

**Usual Occupation:** \_\_\_\_\_ **Business/Industry:** \_\_\_\_\_

**PLEASE STATE THE NUMBER OF CERTIFIED DEATH CERTIFICATES REQUESTED:**

*No. Requested:* \_\_\_\_\_



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Preceded In Death By: \_\_\_\_\_

\_\_\_\_\_

**SURVIVING RELATIVES:**

Spouse:

\_\_\_\_\_

Children:

\_\_\_\_\_

\_\_\_\_\_

Parents:

\_\_\_\_\_

Sisters:

\_\_\_\_\_

\_\_\_\_\_

Brothers:

\_\_\_\_\_

\_\_\_\_\_

Grandchildren:

\_\_\_\_\_

\_\_\_\_\_

Great Grandchildren:

\_\_\_\_\_

\_\_\_\_\_