

Death Certificate Information Required:

Full Name of Deceased: _____

Sex: _____

Date of Death: _____ **Place of Death:** _____

Place of Death: City: _____ **State:** _____

Deceased Date of Birth: _____ **Age:** _____

Place of Birth: City _____ **State:** _____

Usual Occupation (Prior If Retired): _____

Kind of Industry or Business: _____

Residence: _____ **City:** _____

State: _____

Social Security #: _____

U.S. War Veteran: _____ **Branch of Service:** _____

If Yes: Dates of Service: _____

Service # _____ **Which War** _____

Race: _____

Highest Grade Completed in School: _____

Marital Status: _____

If Married, Widowed or Divorced: Full Name & (If Applicable) Maiden Name of Last Spouse: _____

Parents

Father's Name: _____

Fathers State or Country of Birth: _____

Mothers First Name and Maiden Name: _____

Mothers State or Country of Birth: _____

Informant

Informant's Name: _____

Relationship: _____

Informant's Address including Zip Code: _____

Home Phone #: _____ **Cell Phone #:** _____

Number of Certified Copies of death certificate needed: _____

(Copies range in price from \$5-\$15 per copy depending on city or town.)