

Decedent's Personal Information

Name of decedent:

First _____ Middle _____ Last _____ AKA _____

Date of Birth _____ Birth State or Country _____

Social Security Number _____

Ever in the US Armed Forces? Yes _____ No _____

Marital Status Married _____ Divorced _____ Widower _____ Never Married _____

Highest Education Level _____

Was Decedent Hispanic/Latino/Spanish ? Yes _____ No _____

Decedent's Race (up to 3) _____

Usual Occupation (do not use retired) _____

Kind of Business (Agriculture, Transportation, Government, ...) _____

Years in Occupation _____ years

Decedent's Address: _____ City _____

Zip _____ County _____ Years in County _____

Surviving Spouse: First/Middle/Last (birth name) _____

Decedent's Father: First/Middle/Last _____

Birth Country or State _____

Decedent's Mother: First/Middle/Last (birth name) _____

Birth Country or State _____

Informant's Information:

Name _____ Relationship _____

Address _____

Phone _____ E-mail _____