

Decedent's Name

First Middle Last Suffix

13. *Decedent Marital Status

- Married Widowed Divorced
- Married, but separated Never Married Unknown

14. *Surviving Spouse's Name (prior to any marriage)

First Middle Last Suffix

15. Decedent's Parent (Father) Name (prior to any marriage)

First Middle *Last Suffix

16. Certificate Labeling Preference (Question 15.)

- Father Mother Parent

17. Decedent's Parent (Mother) Name (prior to any marriage)

First Middle *Last Suffix

18. Certificate Labeling Preference (Question 17.)

- Father Mother Parent

19. *Informant Name/Relationship to Decedent

First Middle Last Relationship

20. *Informant Mailing Address

Street Address _____ State _____

City/Town Country Zip Code

21. *Was the decedent in the United States Armed Forces?

- Yes No Unknown

22. Decedent Education Level

- 8th Grade or Less Associate Degree (AA, AS) Unknown
- 9th thru 12th Grade; No Diploma Bachelor's Degree (BA, AB, BS) Not obtainable
- High School Graduate or GED Master's Degree (MA, MS) Refused
- College but No Degree Doctorate Degree (PhD, EdD) Not Classified

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23. Decedent's Hispanic Origin (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check 'No' if the decedent is not Spanish/Hispanic/Latino)

- No, Not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino, Specify _____
- Unknown Reason _____

24. Decedent's Race (Check one or more races to indicate what the decedent considered themselves to be)

- White
- Black or African American
- American Indian or Alaska Native Specify: _____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian Specify: _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander Specify: _____
- Other Specify: _____
- Unknown
- Not Obtainable
- Refused

25. Decedent's Occupation (do not use 'Retired')

Occupation _____ Kind of Business or Industry _____

26. Method of Disposition

- Burial
- Cremation
- Cremation and Burial
- Cremation and Entomb
- Cremation and Removed from State
- Donation
- Donation and Burial
- Entombment
- Private Burial
- Private Cremation
- Revomal from State
- Unknown
- Other Specify: _____

27. Crematory _____ (use only for Method of Disposition of Cremation)

28. Cemetery or Final Disposition _____ (if 'Other', include City, State and Country)

City/Town State Country

29. Funeral Director

First Middle Last

30. Certifying Physician Name

First Middle Last Title

Notes: _____

