**FULL LEGAL NAME OF DECEASED:**  
  
**PLACE OF BIRTH:**

**DATE OF BIRTH:**  
  
**SOCIAL SECURITY #:**  
  
**LAST RESIDENCE:**  
  
**COUNTY OF RESIDENCE:**  
  
**CITY, STATE ZIP OF RESIDENCE:**  
  
**VETERAN (YES/NO) BRANCH:                         DATES:                     DISCHARGE PAPERS:**  
  
**MARITAL STATUS:**  
  
**NAME OF HUSBAND OR WIFE INCLUDING MAIDEN NAME:**  
  
**EDUCATION LEVEL:**  
  
**NAME & ADDRESS OF LAST EMPLOYER:**

**OCCUPATION (EVEN IF RETIRED)**:  
**TYPE OF BUSINESS:**  
  
**FATHER’S NAME:**  
  
**MOTHER’S FIRST & MAIDEN LAST NAME:**  
  
**INFORMANT’S NAME:**

**RELATIONSHIP:**  
  
**INFORMANT’S ADDRESS:**  
  
**INFORMANT’S CITY, STATE, ZIP:**

**INFORMANT'S HOME PHONE:                                   CELL PHONE:**  
  
**CEMETERY INFORMATION:**

**CHURCH/CLERGY AFFILIATION:**

**SURVIVORS NAMES:**