**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:**