

DECEDENT INFORMATION WORKSHEET

Loved one's first name?		Loved one's middle name?		Loved one's last name?	
Other full names used?			Date of birth?		Age in years?
If under one year, months & days?		If under 24 hours, hours & minutes?		Sex?	
If applicable, date of death?		If applicable, time of death?		Birth state or foreign country?	
Social security number?		Ever in U.S. armed forces? Branch?	Marital status?		Education years or degree?
Is loved one Hispanic/Latino/Spanish?	If yes, country of origin?		Decedent's race, up to 3?		
Usual occupation in life?		Usual type of business or industry?		Years in usual occupation?	
Loved one's last home street address?		Loved one's last home city?		Loved one's last home zip code?	
Loved one's last home county or province?		Loved one's years in stated county?	Loved one's last home state or foreign country?		
Informant's name?		Informant's relationship to loved one?		Informant's phone number 1?	
Informant's phone number 2?		Informant's email address?			# of siblings
Informant's street address?			Informant's city, state and zip code?		
First name of surviving spouse?	Middle name of surviving spouse?		Last name of surviving spouse?		If female, maiden last name?
First name of loved one's father?	Middle name of loved one's father?		Last name of loved one's father?		
Loved one father's birth state or foreign country?				Is loved one's father alive?	
First name of loved one's mother?	Middle name of loved one's mother?		Maiden last name of loved one's mother?		
Loved one mother's birth state or foreign country?				Is loved one's mother alive?	
If applicable, approximate disposition date?		Place of final disposition; cemetery, ocean, land or residential individual name & address?			
Type of disposition; burial, cremation, scatter?					
Physician's full name?			Physician's last visit with loved one?		
Physician's street address?			Physician's city, state & zip code?		
Physician's phone number?		Physician's fax number?		Physician's email?	
Loved one's weight?	Any implanted battery devices?	If applicable, loved one's place of death?		If applicable, county coroner & case #?	

I certify that the above information is true and correct. I release Mortuary Aid Co. from all charges that may occur in the correction of the official record due to this information.

SIGNATURE _____

DATE _____