

STATISTICAL INFORMATION OF DECEDENT

NAME _____

ADDRESS _____

YEARS IN COUNTY OF DEATH _____

RACE _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

SOCIAL SECURITY # _____ / _____ / _____ MILITARY SERVICE _____

MARITAL STATUS _____

NAME OF SPOUSE _____

FIRST

MIDDLE

LAST (MAIDEN)

DECEDENT'S OCCUPATION
(PRIOR TO RETIREMENT) _____

KIND OF BUSINESS _____

YEARS AT OCCUPATION _____

EDUCATION (FORMAL) _____

NAME OF FATHER _____

FIRST

MIDDLE

LAST

STATE OF FATHER'S BIRTH _____

NAME OF MOTHER _____

FIRST

MIDDLE

LAST

STATE OF MOTHER'S BIRTH _____

OF CERTIFIED COPIES OF DEATH CERTIFICATE _____

AUTHORIZING AGENT (CLOSEST LIVING NEXT OF KIN) INFORMATION

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE _____