



eCrematory.com™

Personal Info for death certificate

Deceased Name: _____ Sex: _____

Social Security Number : _____ Date of Birth: _____

Time of Death _____ Date of Death: _____

Was deceased a U.S. Veteran? _____ Year Last Served in U.S. armed forces? _____

Hospital: _____

() Inpatient () ER/Outpatient () Other (specify) _____

Facility name and address where death occurred or complete address if at home: _____

City, Town, or Township of death: _____ County of Death: _____

Marital Status: _____ Surviving Spouse (if wife give maiden name): _____

Decedent's usual occupation (give kind of work done during most of working life, do not use retired):

Kind of Business or industry: _____

Residence: State: _____ County: _____ City, Town or Location: _____

Street and Number: _____ Zip Code: _____ Inside City Limits: (Y or N) On a farm: (Y or N)

Citizen of what country: _____

Was Decedent of Hispanic origin? (Y or N) If yes, specify Cuban, Mexican, Puerto Rican, etc... _____

Race (American Indian, Black, White etc...): _____

Decedent's Education (Specify only highest grade completed) : _____

Elementary/Secondary (0-12) : _____ College (1-4 or 5+) : _____

Father's Name (First, Middle, Last): _____

Mother's (F, M, Maiden Surname) : _____

Informant's name (person completing this document) : _____

Informant's complete mailing address : _____

Doctor's name: _____

Doctor's address: _____

Was patient under hospice care? If so, name of hospice: _____