



eCrematory.com™

Personal Info for death certificate

Deceased Name (Full Legal Name): _____ Sex: _____

Social Security Number : _____ Date of Birth: _____

Where was the decedent born? City: _____ State: _____

Time of Death _____ Date of Death: _____

Was deceased a U.S. Veteran? _____

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

If in hospital () Inpatient () ER/Outpatient

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 Township: _____

Street and Number: _____ Zip Code: _____

Was Decedent of Hispanic origin? (Y or N) Race (American Indian, Black, White etc...) : _____

Ancestry (German, Dutch, French etc...) : _____

Decedent's Education (Highest grade or degree 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 email address: _____ Phone Number: _____

Informant's complete mailing address : _____

Doctor's name: _____ Phone Number: _____

Doctor's address: _____

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

After cremation what will be done with the cremated remains? _____