

INFORMATION FOR DEATH CERTIFICATE and DISPOSITION PERMIT

(Please check for accuracy to avoid delaying permit approval)

1. Name First		2. Middle		3. Last (Family)			
Also Known As: (include Full name First, Middle, Last)		4. Date of Birth (MM/DD/YYYY)		5. Age If under One Year Month - (Day - Hours) If under 24 hrs (hours- Minutes') __M, __D or __Hr, __Min		6. Sex	
9. Birth State/Foreign Country		10. Social Security Number		11. Ever in U.S. Armed Forces?		12. Marial Status Married, Single, Divorced, Never Married, Widows	
13. Education -- Highest level/Degree		14/15. Was Decedent Spanish/Hispanic/Latino?		Decedent's Race --- Up to 3 races may be listed			
17. Usual Occupation (type of work for most of life. Do not use Retired)		18. Kind of Business or Industry		19. Years in Occupation			
20. Decedent's Residence (street and number)		21. City		22. County		23. Zip Code	
						24. Years in county	
26. Informant Name (First Last) / Relationship				27. Informant's Mailing Address and Telephone N			
28. Name of Surviving Spouse/SRDP FIRST				29. MIDDLE		30. LAST (Birth Name)	
31. Name of Father FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
35. Name of Mother FIRST		36. MIDDLE		37. LAST(Birth Name)		38. BIRTH STATE	
118. Attending Physician Name, Mailing Address, Tel, Fax number						Last day seen by Dr.	
Last Location of disposition: Cemetery or address keeping remains							
Prepared by: _____ Name: _____ Tel: _____							