

VITAL STATISTIC INFORMATION FOR THE DEATH CERIFICATE

Legal Name with Suffix: <small>Death Certificate will be VOID if incorrect</small>				Date/Time of Death: <small>Death Certificate will be VOID if incorrect</small>	
Sex:	Age:	Social Security #: <small>Death Certificate will be VOID if incorrect</small>		County of Death:	
Date of Birth: <small>Death Certificate will be VOID if incorrect</small>		City & State/Country of Birth:		Education:	
Race:		US Military/Branch/Rank:		Retired <input type="checkbox"/>	
Hispanic: Yes No				Veteran <input type="checkbox"/>	
Last Residence Street Address:				Unit:	
				How long:	
City:	County:	State	Zip:	Reservation/Tribe:	Inside city limits: Yes No
Marital Status: <small>Death Certificate will be VOID if incorrect</small>			Spouses Name with Maiden:		
Usual Occupation held the longest:			Business or Industry (not company name):		
Fathers full name:			Mothers full name with maiden:		
Informant name:				Relationship:	
Informant Mailing Address:					
Cell phone:		Home phone:		Email:	
Place of Death with full address:				Phone:	
				Fax:	
Name & Address of Doctor to sign Death Certificate:				Phone:	
				Fax:	

I confirm I have read the contents of this form and that the above information I have provided is correct & true. I do not hold the representatives of Woodlawn, Forest or Prairiewood Funeral Homes responsible, if this information is not correct.

SIGNATURE: _____ **DATE:** _____