**Information needed by Funeral homes**

|  |  |
| --- | --- |
| Name of the deceased |  |
| Sex |  |
| Date of Birth |  |
| Age |  |
| Birth Place |  |
| Social Security Race |  |
| Education |  |
| Marital Status |  |
| Surviving Spouse (if applicable) |  |
| Decedent’s usual occupation |  |
| Kind of Business/Industry |  |
| Residence |  |
| Address |  |
| Father’s Name |  |
| Mother’s Maiden Name |  |
| Place of Death – Hospital/Nursing Home/Residence/Other |  |
| County of Death |  |
| City/Town |  |
| Name of Hospital |  |
| Name of the Informant |  |
| Informant’s Mailing address |  |
| Method of Disposition – Burial/Cremation/Removal from State/Donation/Other |  |

**Note:** Funeral home staff will contact coronaries office to obtain medical reports and County officials to get death certificates, permits etc.