**Information needed by Funeral homes**

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| --- | --- |
| 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.