



ABBEY Funeral & Cremation Service

Vital Information Worksheet



ALL INFORMATION MUST BE COMPLETE IN ORDER TO FILE DEATH CERTIFICATE

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)

2. SEX _____ 3. DATE OF DEATH _____ 4. PLACE OF DEATH _____
5. AGE AT LAST BIRTHDAY _____ 6. APPROX. WEIGHT _____ LBS.
7. DATE OF BIRTH _____ 8. BIRTHPLACE (City, State, or Foreign Country) _____
- 9-14. DECEDENT'S LAST RESIDENCE (State, COUNTY, Town, Street & No., APT No., Zip Code)

15. EVER IN ARMED FORCES? _____ **Title 19? YES / NO (Circle one)**
16. MARITAL STATUS AT TIME OF DEATH(circle one) **Married/ Separated/ Widowed/ Divorced / Never Married/ Unknown**
17. SURVIVING SPOUSE'S NAME _____ (Give Full Name Prior to First Marriage)
18. DECEDENT'S FATHER'S NAME (First, Middle, Last) _____
19. DECEDENT'S MOTHER'S FULL NAME PRIOR TO 1ST MARRIAGE _____
20. INFORMANT'S NAME _____
21. INFORMANT'S RELATIONSHIP TO DECEDENT _____
22. INFORMANT'S ADDRESS _____
23. DECEDENT'S EDUCATION (circle one)
High School/ Some College/ Associate/ Bachelor's/ Other Explain _____
24. IS DECEDENT OF HISPANIC ORIGIN(circle one) YES /NO (If yes, Explain _____
25. DECEDENT'S RACE _____
26. DECEDENT'S USUAL OCCUPATION _____ (BEFORE RETIREMENT)
27. KIND OF BUSINESS /INDUSTRY _____
28. DECEDENT'S SOCIAL SECURITY NUMBER _____

EMAIL: _____

Phone _____ Date _____ SIGNATURE _____

The information above is true and correct to the best of my knowledge.