



DECEDENT INFORMATION SHEET:

Decedent's Legal Name (First, Middle, Last, Suffix)		Sex	Social Security Number
Date of Birth (mm/dd/yyyy)	Birthplace (City/State or Foreign Country)		Ever in U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Address (Street number and Name)		Apt. No.	City or Town
County	State	Country	ZIP Code
Marital Status at Time of Death: <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Unknown			
Surviving Spouse/Partner Name (Give name prior to first marriage)			
Parent Name Prior to First Marriage (First, middle, last, suffix)		Parent Name Prior to First Marriage (First, middle, last, suffix)	
Informant Name (First, middle, last, suffix)		Relationship to Decedent	
Mailing Address (Street and number, apartment number, city, state, zip code)			
Method of Disposition Requested <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Removal from State <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial at sea <input type="checkbox"/> Other (specify) _____			
Disposition Location (City, town and state or foreign country)		Is Body To Be Embalmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Decedent's Usual Occupation		Kind of Business/Industry	Name of Employer
Decedent's Education (Check Box that Best Describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8 th Grade or Less <input type="checkbox"/> 9 th -12 th Grade – No diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit, but no degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD. <input type="checkbox"/> Unknown			
Ancestry (e.g. French, English, Spanish, etc.)			
Decedent of Hispanic Origin? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino.) <input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino(specify) _____ <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Cuban <input type="checkbox"/> Other (Specify): _____			
Decedent's Race (Check one or more races that decedent considered him/herself to be) <input type="checkbox"/> White <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other Pacific Islander _____ <input type="checkbox"/> Black/African American <input type="checkbox"/> Filipino _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other (Specify) _____ Tribe: _____ <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian or Chamorro _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan			

By my signature, I acknowledge that I have reviewed the information on this Decedent Information Sheet and have determined that it is, to the best of my knowledge, a correct and full accounting of information for this decedent. I further hold Hall Funeral Homes and its representatives harmless for any and all errors that may be known at a later date and may delay the filing of insurance, probate, etc. as the result of errors on this Decedent Information Sheet. I also agree to pay any costs associated with the correction and/or replacement of the certified death certificates.

Date: _____

Informant: _____
(Printed Name)