

DEATH CERTIFICATE INFO FORM



Grand Rapids
Cremation
Services
Trusted • Caring • Experienced

DECEASED NAME (first, middle, last) _____

NAME AT BIRTH _____
(maiden name, or other name used for personal business also include any AKA's)

GENDER _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

OCCUPATION: _____
(kind of work during most of working life ** do not use retired**)

TYPE OF BUSINESS/INDUSTRY _____

CURRENT RESIDENCE ADDRESS (street and number) _____

CITY (specify city, village, or township) _____ STATE _____ ZIPCODE _____

BIRTHPLACE (city and state or foreign country) _____

MARITAL STATUS: MARRIED _____ NEVER MARRIED _____ DIVORCED _____ WIDOWED _____

SURVIVING SPOUSE (include maiden name) _____

ANCESTRY (ie: English, French, Dutch, Etc.) _____

RACE _____ HISPANIC ORIGIN: Yes No U.S. ARMED FORCES MEMBER: Yes No

If yes, attach discharge paperwork

EDUCATION (highest grade completed or number years in college/degree) _____

FATHER'S NAME (first, middle, last) _____

MOTHER'S NAME (first, middle, maiden) _____

INFORMANT'S NAME _____ RELATIONSHIP _____

STREET ADDRESS _____ City _____ State _____ Zip _____

PHONE _____ EMAIL _____

OF DEATH CERTIFICATES _____