**FULL LEGAL NAME OF DECEASED:**  
  
**PLACE OF BIRTH:**

**DATE OF BIRTH:  
  
SOCIAL SECURITY #:  
  
LAST RESIDENCE:  
  
COUNTY OF RESIDENCE:  
  
CITY, STATE ZIP OF RESIDENCE:  
  
VETERAN (YES/NO)     BRANCH:                         DATES:                     DISCHARGE PAPERS:  
  
MARITAL STATUS:**  
  
**NAME OF HUSBAND OR WIFE INCLUDING MAIDEN NAME:**  
  
**EDUCATION LEVEL:  
  
NAME & ADDRESS OF LAST EMPLOYER:**

**OCCUPATION (EVEN IF RETIRED)**:

**TYPE OF BUSINESS:  
  
FATHER’S NAME:  
  
MOTHER’S FIRST & MAIDEN LAST NAME:  
  
INFORMANT’S NAME:**

**RELATIONSHIP:  
  
INFORMANT’S ADDRESS:  
  
INFORMANT’S CITY, STATE, ZIP:**

**INFORMANT'S HOME PHONE:                                   CELL PHONE:  
  
CEMETERY INFORMATION:**

**CHURCH/CLERGY AFFILIATION:**

**SURVIVORS NAMES:**