**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:**