

## DEATH RECORD INFORMATION

Record #: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Name: \_\_\_\_\_

Place of Death (Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Citizen Of: \_\_\_\_\_ SS #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Informant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Buried  Cremated  Date: \_\_\_\_\_

Remains Sent to: \_\_\_\_\_

Cemetery: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Cause of Death (If Shown): \_\_\_\_\_

Doctor/Address \_\_\_\_\_

### COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

 FAX THIS FORM TO: 1-800-410-5665 OR EMAIL TO: [NEWCASE@FINDANHEIR.COM](mailto:NEWCASE@FINDANHEIR.COM)