



lifesong

Lifesong Funerals & Cremations Death Certificate Information

Name of Deceased _____

Social Security Number _____

Date of Death _____

Facility or Place of Death _____

(If not an institution, give street address)

City and State of Death _____

City Limits?

Yes

No

Country of Death: _____

Facility Type

Hospital

- Inpatient
- ER/Outpatient
- Dead on Arrival

Non-Hospital

- Hospice Facility
- Nursing Home
- Decedent's Home
- Other

Autopsy

- Yes
- No

Pacemaker

- Yes
- No

Date of Birth _____

Place of Birth _____

Age _____

U.S. Veteran?

- Yes
- No

Gender

- Male
- Female

Branch of Service _____

Marital Status

- Married
- Separated
- Divorced
- Never Married
- Widowed

Name of Surviving Spouse

First _____

Middle _____

Maiden _____

Decedent's Race or Races (More than one may be specified)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> American Indian or
Alaska Native (specify tribe)
_____ | <input type="checkbox"/> Other Asian (specify)
_____ |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Island (specify)
_____ |
| | <input type="checkbox"/> Other (specify)
_____ |

Of Hispanic or Haitian Origin?

- Yes (if yes specify)
 - Mexican
 - Puerto Rican
 - Cuban
 - Central/South American
 - Other (specify) _____
- No

Education

- 8th or less
- High School, no diploma
- High School Diploma or GED
- College but no Degree
- College Degree (specify)
 - Associate
 - Bachelor's
 - Master's
 - Doctorate

Decedent's Occupation (Kind of work, done the longest) _____

Industry (Description, not company name) _____

Father's Name	Mother's Maiden Name
First	First
Middle	Middle
Last	Last

Decedent's Last Legal Address of Residence

Street Address _____

City _____ State _____ Zip _____

City Limits?

Yes

No

Contact Name (Person Providing this Information) _____

Relationship to Decedent _____

Contact Mailing Address _____

City & State _____ Zip _____

Phone/Cell Phone _____

Approved: _____

Please review carefully before approving this information. You will be responsible for any amendment fees and attorney/court costs necessary due to incorrect information listed on this form.