



lifesong

Lifesong Funerals & Cremations Death Certificate Information

Name of Deceased _____

Social Security Number _____

Date of Death _____

Time of Death (24 hour) _____

Facility or Place of Death _____

(If not an institution, give street address)

City of Death _____

City Limits?

Yes

No

Country of Death: _____

Facility Type

Hospital

- Inpatient
- ER/Outpatient
- Dead on Arrival

Autopsy

- Yes
- No

Non-Hospital

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

Pacemaker

- Yes
- No

Name of Deceased _____ Date of Death _____ Time _____

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

Name of Surviving Spouse

First _____

Middle _____

Maiden _____

(Note: Florida now requires a court order to amend the Surviving Spouse's Name on a Death Certificate.)

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

White

Black

American Indian or
Alaska Native (specify tribe) _____

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian (specify)

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Island (specify)

Other (specify)

Name of Deceased _____ **Date of Death** _____ **Time** _____

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

Name of Deceased _____ **Date of Death** _____ **Time** _____

Decedent's Last Legal Address of Residence

Street Address _____

State _____

Zip _____

City Limits?

Yes

No

(NOTE: In the case of patients in a nursing or convalescent home, the place where the deceased lived prior to admission should be used.)

Contact Name (Person Providing this Information)

Relationship to Decedent _____

Contact Mailing Address _____

Phone/Cell Phone _____

Name of Deceased _____ Date of Death _____ Time _____

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.