

REGISTRATION FORM

The information requested on this form will be used by the funeral service establishment you select to prepare all of the necessary paperwork following the death. The funeral service establishment should assist you with filing a death certificate, obtaining certified death certificates, notice to Social Security, veteran's benefits, preparing and submitting obituaries and a number of other services.

Name _____ Sex _____ Phone _____
First Middle Last

Address _____ City _____ State _____ Zip _____

Inside city limits? _____ County? _____ Are you of Hispanic origin? _____ Race _____
(white, black, etc.)

Highest grade of education _____ College _____ Degree _____
(years of elementary or secondary) (list specific degree)

Date of birth _____ Birthplace _____

Usual occupation _____ Type of industry _____ Social Security number ____ / ____ / ____
(do not list retired)

Marital status _____ Name of spouse _____
(married, registered domestic partner, never married, divorced, widowed) (if married, widowed or registered domestic partner—include maiden name)

Father's name _____ Mother's maiden name _____
First Middle Last First Middle Last

Legal next of kin _____ Relationship _____
(see "An Important Note about Disposition")

Address _____ Phone _____

Legal next of kin _____ Relationship _____
(see "An Important Note about Disposition")

Address _____ Phone _____

VETERAN: Yes/No _____ Service # _____ Grade/ Rank _____

Branch _____ Date of entry ____ / ____ / ____ Date of separation ____ / ____ / ____