

RONE FUNERAL SERVICE
FUNERAL DIRECTOR WORKSHEET

CASE ID NUMBER

CREATE CASE INFORMATION

1a. Legal Name of Decedent

First Name	Middle Name	Last Name	Suffix
_____	_____	_____	_____

Sex Male Female Unknown

Place of Death

35c. County	35b. Municipality	Date of Death (Month/Day/Year)
_____	_____	_____

Facility	Facility Address	Facility Phone
_____	_____	_____

DECEDENT INFORMATION

3. Social Security Number	5. Date of Birth (Month/Day/Year)	4a. Age-Last Birthday (years) <small>4b. Under 1 year (Months/days) 4c. (Under 1 day (hours/Minutes)</small>
_____	_____	_____

6. Birthplace (City and State/Foreign Country)

Foreign Country	State	City
_____	_____	_____

RESIDENCE INFORMATION

Country	7a. State	7b. County
_____	_____	_____
7c. Municipality/City		7g. Inside City Limits?
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
7d. Street Address	7e. Apt. No.	7f. Zip
_____	_____	_____
Phone		

ARMED FORCES INFORMATION

8a. Ever in US Armed Forces?	Died on Active Duty?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

8b. If ever in US Armed Forces, Name of War	8c. War Service Dates
_____	From: _____ To: _____

DOMESTIC STATUS

9. Domestic Status at Time of Death (Check only one)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Single/Never Married | <input type="checkbox"/> Married but Separated | <input type="checkbox"/> Domestic Partner | <input type="checkbox"/> Not Obtainable |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Civil Union Partner | <input type="checkbox"/> Domestic Partnership Terminated | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Married | <input type="checkbox"/> Civil Union (Deceased) | <input type="checkbox"/> Domestic Partnership (Deceased) | |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Civil Union Dissolved | | |

10. Surviving Spouse/Partner

First Name	Middle Name	Last Name	Suffix

PARENTAL INFORMATION

Father's First Name	Father's Middle Name	Father's Last Name	Suffix

Mother's First Name	Mother's Middle Name	Mother's Last (Maiden Name)	Suffix

INFORMANT INFORMATION

13a. First Name	Middle Name	Last Name	Suffix

13b. Relationship to Decedent	Home Phone	Cell Phone

Email Address

Mailing Address (Street, Number, City, State and Zip Code)

DISPOSITION INFORMATION

14. Method of Disposition

-
- Burial
-
- Cremation
-
- Removal from State
-
- Donation
-
- Entombment

 Other

15. Place of Disposition (Name of cemetery, crematory, other place)

16. Disposition Location

Country	State	County

Municipality, City or Town

Doctors Name	Doctors Phone

Doctors Address

DEMOGRAPHIC INFORMATION

22. Decedent Race - Check one or more boxes to indicate what race the decedent considered himself/herself to be.

- Unknown Not Obtainable Refused White Black or African American
- American Indian or Alaska Native
(Enrolled or principal tribe) _____ (Secondary tribe) _____
- Asian Indian Chinese Filipino Japanese Korean Samoan
- Other Asian (Specify) _____
- Native Hawaiian Guamanian or Chamorro Samoan
- Other Pacific Islander (Specify) _____
- Other (Specify) _____

21. Decedent of Hispanic Origin? Check one or more boxes to indicate if Spanish/Hispanic/Latino. Check "No" box if decedent is not Spanish/Hispanic/Latino.

- Unknown Not Obtainable Refused No, Not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano Yes, Puerto Rico Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino (Specify) _____

EDUCATION INFORMATION

20. Decedent Education – Highest degree or level of school completed at time of death .

- Unknown Grade 8 or less Grade 9 – 12; no diploma High school graduate or GED
- Some college credit; no degree Associate degree (AA, AS) Bachelor’s degree (BA, AB, BS)
- Master’s degree (MA, MS, MED, MSW) Doctorate (PHD, EDD) or Professional Degree (MD, DDS, JD)

OCCUPATION INFORMATION

23. Occupation of Decedent (Type of work done most of life, even if retired) 24. Kind of Business/Industry

25. Name of Last Employer

Street Address of Last Employer

City	State	Zip Code	Country
_____	_____	_____	_____

ORDER CERTIFIED COPIES

Number of Long for copies: _____ with cause of death

Method of Distribution Hold for Pick-up or UPS

Registrar

SURVIVORS

SPOUSE/COMPANION: _____ YEARS MARRIED: _____

NUMBER OF LIVING CHILDREN: _____ (PLEASE LIST CHILDRENS NAMES)

NUMBER OF LIVING BROTHERS: _____ NUMBER OF LIVING SISTERS: _____ (PLEASE LIST NAMES)

OTHER LIVING RELATIVES

OF GRANDCHILDREN: _____ # OF GREAT GRANDCHILDREN: _____ NUMBER OF GREAT-GREAT GRANDCHILDREN

PREDECEASED
