

RONE FUNERAL SERVICE
FUNERAL DIRECTOR WORKSHEET

CASE ID NUMBER

CREATE CASE INFORMATION

1a. Legal Name of Decedent

First Name

Middle Name

Last Name

Suffix

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Sex Male Female Unknown

Place of Death

35c. County

35b. Municipality

Date of Death (Month/Day/Year)

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Facility

Facility Address

Facility Phone

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DECEDENT INFORMATION

3. Social Security Number

5. Date of Birth (Month/Day/Year)

4a. Age-Last Birthday (years)

4b. Under 1 year (Months/days) 4c. (Under 1 day (hours/Minutes)

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6. Birthplace (City and State/Foreign Country)

Foreign Country

State

City

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RESIDENCE INFORMATION

Country

7a. State

7b. County

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7c. Municipality/City

7g. Inside City Limits?

	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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7d. Street Address

7e. Apt. No.

7f. Zip

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Phone

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ARMED FORCES INFORMATION

8a. Ever in US Armed Forces?

Died on Active Duty?

Yes No Unknown

Yes No Unknown

8b. If ever in US Armed Forces, Name of War

8c. War Service Dates

	From:	To:
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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

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25. Name of Last Employer

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Street Address of Last Employer

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City State Zip Code Country

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ORDER CERTIFIED COPIES

Number of Long for copies: _____ with cause of death

Method of Distribution Hold for Pick-up or UPS

Registrar

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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
