RONE FUNERAL SERVICE

FUNERAL DIRECTOR WORKSHEET

CASE ID NUMBER

Place of Death 35c. County 35b. Municipality Date of Death (Month/Day/Year) Facility Facility Facility Address Facility Phone				-		
Ta. Legal Name of Decedent First Name						
Ta. Legal Name of Decedent First Name				<u>L</u>		
First Name Middle Name Last Name Suffix	CREATE CASE INFORMATION					
First Name Middle Name Last Name Suffix						
Sex						
Place of Death 35c. County 35b. Municipality Date of Death (Month/Day/Year) Facility Facility Facility Address Facility Phone	First Name	Middle Name		Last Na	me	Suffix
Place of Death 35c. County 35b. Municipality Date of Death (Month/Day/Year) Facility Facility Facility Address Facility Phone						
35b. Municipality	Sex □ Male □ Female □ Unk	nown				
35b. Municipality	Place of Death					
Facility Facility Address Facility Phone		35b. Municipa	litv		Date of Death (Month/Day	//Year)
DECEDENT INFORMATION 3. Social Security Number 5. Date of Birth (Month/Day/Year) 4a. Age-Last Birthday (years) 4b. Under 1 year (Month/days) 4c. (Under 1 day (houns/Mendre)) 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? 7d. Street Address 7e. Apt. No. 7f. Zip Phone ARMED FORCES INFORMATION Ba. Ever in US Armed Forces? Died on Active Duty? Yes No Unknown Bb. If ever in US Armed Forces, Name of War 8c. War Service Dates						,, , , ,
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8b. If ever in US Armed Forces, Name of War 8c. War Service Dates						
8b. If ever in US Armed Forces, Name of War 8c. War Service Dates						
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	४छ. । if ever in US Armed Forces, Name of Wa			ates	To:	

DOMESTIC STATUS				
9. Domestic Status at Time	of Death (Check only one)			
☐ Single/Never Married	☐ Married but Separated	☐ Domestic Partner	☐ Not Obtainable	
☐ Divorced	☐ Civil Union Partner	☐ Domestic Partnersh	ip Terminated 🔲 Unknown	
☐ Married	☐ Civil Union (Deceased)	☐ Domestic Partnersh	ip (Deceased)	
☐ Widowed	☐ Civil Union Dissolved			
10. Surviving Spouse/Partn	er			
First Name	Middle	Name	Last Name	Suffix
DADENTAL INCODARATION				
PARENTAL INFORMATION				
Father's First Name	Fa	ther's Middle Name	Father's Last Name	Suffix
Mother's First Name	 M	other's Middle Name	Mother's Last (Maiden Name)	Suffix
INFORMANT INFORMATIO	N			
13a. First Name	Middle	Name	Last Name	Suffix
13b. Relationship to Decede	ent Home	Phone	Cell Phone	
Email Address				
Mailing Address (Street, Nu	ımber, City, State and Zip Co	de)		
DISPOSITION INFORMATIO	N .			
14. Method of Disposition				
☐ Burial ☐ Cremation	☐ Removal from State	☐ Donation ☐ Ent	combment	
□ Other				
15. Place of Disposition (Na	ame 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) □ 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. Code Country.				
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				

SURVVORS		
SPOUSE/COMPANION:		YEARS MARRIED:
NUMBER OF LIVING CHILDREN:	(PLEASE LIST CHILDRENS NAMES)	
-		
NUMBER OF LIVING BROTHERS:	NUMBER OF LIVING SISTER	RS: (PLEASE LIST NAMES)
OTHER LIVING RELATIVES		
# OF GRANDCHILDREN:	# OF GREAT GRANDCHILDREN:	NUMBER OF GREAT-GREAT GRANDCHILDREN
PREDECEASED		

OBITUARY	
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