

BIOGRAPHICAL WORKSHEET

1. Decedent's name – Legal name, not nicknames

First Middle Last

AKA _____

2. Date of death (if known) _____

3. County of death (if known) _____

4. Sex Male Female

5. SSN _____

6. Birth date _____

7. Birth place _____
Town or City State or Country

8. Education

- 8th grade or less 9th-12th grade; no diploma
High school graduate or GED completed
Some college credit, but no degree
Associate's degree Bachelor's degree
Master's degree Doctorate degree Unknown

9. Hispanic Origin

- No, Not Hispanic Yes- Check all that apply
Mexican, Mexican-American, Chicano
Puerto Rican Cuban Other Spanish/Hispanic/Latino
Specify _____

10. Race White or Caucasian Black or African American

- American Indian or Alaska Native Specify principal tribe(s) _____
Asian Indian Chinese Filipino Japanese
Korean Vietnamese
Other Asian Specify _____
Native Hawaiian Guamanian or Chamorro Samoan
Other Pacific Islander Specify _____
Other Specify _____

11. Served in U.S. Armed Forces? No Yes.

If "Yes", did the decedent serve in a Combat Zone?

No Yes. If "Yes", add the Location of Combat Zone.

Decedent's residence _____ years at this address

12. Number and Street _____

City/Town _____ State _____ Zip Code _____

County _____

13. Inside city limits? No Yes

14. Marital Status at time of death

- Never married Married Divorced Widowed
Legally Separated Unknown

15. Spouse's name prior to first marriage

First Middle Last (Maiden Name)

16. Decedent's Usual Occupation

17. Business/Industry _____

18. Father's name

First Middle Last

19. Mother's name prior to first marriage

First Middle Last (Maiden Name)

20. Informant's name _____

First Last

21. Telephone number _____

22. Relationship to Decedent Spouse

- Mother Father Sister Brother
Daughter Son Other _____

23. Informant's mailing address

Same as decedent's residence address
Street or PO Box _____
City/Town _____ State _____ Zip Code _____

24. Place of Death (if known) Hospital Inpatient

- Decedent's home Hospital ER/Outpatient
Licensed Nursing Facility Hospital Hospice Facility
Licensed Assisted Living Facility Adult Foster Home
Licensed Residential Care Facility Other _____

25. Facility name

35. Hospice _____

Company Name Contact Number

26. Location of Death (if known):

Same as decedent's residence address

27. Street Address _____

28. Method of Disposition Burial Cremation

- Donation and cremation Cremation by Dissolution
Entombment Donation Removal from state
Other _____

Notes: