



Death Certificate Information

(Please bring this form into the arrangement meeting, fax to 773.588.5300, or e-mail to info@theis-gorski.com)

Decedents Name: (First, Middle, Last) _____

Sex: M / F Date of Birth: _____ Date of Death: _____ Age: _____

Location of Death: Facility Name: _____

Address: _____ City, State: _____ Zip Code: _____ County: _____

Decedent's Residence: Address: _____ City, State: _____ Zip Code: _____

Birthplace: (City, State) _____ Social Security # : _____ - _____ - _____

Was Decedent ever in the U.S. Armed Forces? Y / N Marital Status: _____

Surviving Spouse (if wife, maiden name): _____

Fathers Name of Decedent: (First, Middle, Last) _____

Mothers Name of Decedent: (First, Middle, Include her Maiden Name) _____

Race: (i.e. American Indian, White, Black, Chinese, Filipino, Asian Indian) _____ Hispanic Origin: Y / N

Decedents Education Level: (highest level of school completed at the time of death) _____

Usual Occupation: (Kind of work done during most of working life. Please do not use retired) _____

Kind of Business or Industry: _____

Method of Disposition: (Burial, Cremation, Entombment, Donation) _____

Place of Disposition: (Name of Cemetery, Crematory) _____

Address: _____ Section _____ Lot _____ Block _____ Grave _____

Informant Info: (First, Middle, Last Name) _____

Relationship to Decedent: _____ Home Address: _____

Phone Number: _____ E-mail Address: _____

Name & Signature of Person Completing Form: _____ x