

## BIOGRAPHICAL INFORMATION

*\*The following information will be used to prepare the death certificate and other required documents. We will also notify the Social Security Administration on your behalf.*

Date: \_\_\_\_\_

Deceased Full Legal Name: \_\_\_\_\_

Deceased Sex: \_\_\_\_\_ Deceased Race: \_\_\_\_\_

Deceased Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Inside City Limits: \_\_\_\_\_ Deceased Place of Birth: \_\_\_\_\_

Deceased Education Level Completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Deceased College: \_\_\_\_\_ Deceased Birthday: \_\_\_\_\_

Deceased Social Security Number: \_\_\_\_\_ Deceased Veteran of Service: \_\_\_\_\_

Deceased Occupation: \_\_\_\_\_ Deceased Type of Business: \_\_\_\_\_

Name of the Decedent's Father: \_\_\_\_\_

Name of the Decedent's Mother: \_\_\_\_\_

Name of the Person Responsible for Information and Arrangement: \_\_\_\_\_

Relationship to the Decedent: \_\_\_\_\_

Person Responsible for Information and Arrangements Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Phone Number for us to Reach You: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Special Instructions:

*By signing below, I agree that the above information is true and correct. Any errors may lead to additional costs in correcting state documents.*

\*Signature of the person in charge of arrangements