

**AT NEED BIOGRAPHICAL RECORD**

Date of Death: \_\_\_\_\_ Decedent known as(include nickname): \_\_\_\_\_

Full Given Name: \_\_\_\_\_  
                                    First                                      Middle                                      Last

Residence: \_\_\_\_\_  
                                    Number/Street

\_\_\_\_\_  
City                                      State                                      Zip                                      County

Phone: \_\_\_\_\_ Is residence inside city limits: Yes / No \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Death: \_\_\_\_\_  
                                    Facility Name OR Number/Street      City                                      State      Zip      County

Marital Status: \_\_\_\_\_ Surviving Spouse: \_\_\_\_\_  
(married/widowed/divorced/never married)                                      (if applicable include maiden name)

Was decedent ever in the US armed forces?: \_\_\_\_\_ Do you have the DD214(discharge paper)?: \_\_\_\_\_

Education - grade completed in secondary school: \_\_\_\_\_ college: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name (include maiden): \_\_\_\_\_

Informant Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Informant Address: \_\_\_\_\_  
                                    Number/Street

\_\_\_\_\_  
City                                      State                                      Zip                                      County

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

Method of Disposition: \_\_\_\_\_ Place of Disposition: \_\_\_\_\_  
                                    (burial/entombment/cremation)                                      (cemetery name)

Location of Cemetery: \_\_\_\_\_

Dr. to sign Death Certificate: \_\_\_\_\_ Phone: \_\_\_\_\_ # of DC's needed: \_\_\_\_\_