



AT-NEED BIOGRAPHICAL RECORD

Decedent Information

Date of Death: _____ Time of Death: _____

Decedent Known As: (include Nickname and AKA) _____

Name: (include Maiden) _____
First Middle Last

Residence: _____
Number / Street

_____ City State ZIP County

Phone: _____ Is residence inside city limits? Y N

Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ Sex: _____ Race: _____

Place of Death: _____
Facility Name or Number/Street

_____ City State ZIP County

Marital Status: Never Married Married *Spouse Name:* _____
 Widowed Divorced (if applicable, include Maiden Name and Date of Death)

Was decedent ever in the U.S. Armed Forces? Y N Branch: _____ Rank: _____

Do you have the DD214? (discharge paper) Y N Date/Location: _____

Education Completed: Elementary Secondary Diploma GED Some College
 College Degree: (List degree)

Employment: Employed Retired: (List previous occupation below)
 Homemaker Disabled/Unable

Occupation: _____ Employer / Industry: _____

Father's Name: _____ Preceded in death

Mother's Name: (Include maiden) _____ Preceded in death



AT-NEED BIOGRAPHICAL RECORD (cont'd.)

INFORMANT INFORMATION

Informant Name: _____

Informant Relationship: _____

Informant Address: _____

Number/Street

City

State

ZIP

County

Phone/Cell: _____ Email: _____

DISPOSITION INFORMATION

Method of Disposition: Burial Entombment Cremation

Place of Disposition: _____

Cemetery Name

Cemetery Location: _____

Cemetery Deed: Y N Name/Owner: _____

Doctor to sign death certificate: _____

Doctor Phone: _____ Number of certificates needed? _____

Life Insurance: Y N Company / Contact _____

Beneficiary of Policy: _____ Policy Value: _____

Other Method of Payment: _____