

INFORMATION FORM

This information is needed to complete the Death Certificate.

Name: First _____ Middle _____ Last _____

Also Known As _____ Birthdate ____ / ____ / ____ Male / Female City, State of Birth

_____, _____ Soc Sec # ____ -- ____ -- ____

Military Service: No ___ Yes ___ Branch _____ Rank _____ Marital Status:

Married ___ Widowed ___ Divorced ___ Never Married _____

Education: Highest Level/Degree _____ Race _____

Usual Occupation (Not Retired) _____ Years in _____

Kind of Business or Industry _____

USUAL RESIDENCE

Address _____

City _____ County _____ State _____

Zip _____ Year lived in Santa Cruz County _____

SPOUSE AND PARENT INFORMATION

Spouse's Name: First _____ Middle _____

Last (Maiden) _____ Years of Marriage _____

Father's Name: First _____ Middle _____

Last _____ State of Birth _____

Mother's Name: First _____ Middle _____

Last (Maiden) _____ State of Birth _____

OTHER INFORMATION

Doctor's Name and Telephone Number:

Next of Kin:

First _____ Middle _____ Last _____ Relationship

_____ Phone Number _____

Address _____