Family Memorial Mortuary 503.736.0102 office, 503.489.5818 fax
Death Certificate Information - PLEASE PRINT CLEARLY

Legal Name _____ _____ _____
first middle last

Social Security Number _____-_____-_____ Ever in U.S. Military ☐Yes ☐No

Date of Birth _____ City and State of Birth _____

Residence address_____ City _____ State _____

County _____ Zip _____ Within city limits: ☐Yes ☐No ~ Years at residence _____

Marital Status - check one: ☐Married ☐Married, but separated ☐Widowed ☐Divorced
☐Never Married ☐unknown

Spouse's Name _____ _____ _____
first middle last (*maiden name if wife*)

Father's Name and place of birth

_____ _____ _____ _____
first middle last city and state of birth

Mother's Name with last name prior to first marriage and place of birth

_____ _____ _____ _____
first middle last city and state of birth

Usual Occupation _____ Industry _____ _____
(Work done during most of life, not retired) (yrs. worked)

Education Level - check one

__ 8th grade or less
__ 9th-12th grade; no diploma
__ High school graduate
__ Some college credit; no diploma
__ Associate degree
__ Bachelor's degree
__ Master's degree
__ Doctorate; PhD, EdD, MD

……

Of Hispanic Origin ☐Yes ☐No
Specify:
__ Mexican __ Puerto Rican
__ Cuban ___ Other
Specify _____

Decedent's Race – check one

__ White
__ Black or African American
__ American Indian – Name Tribe _____
__ Asian Indian
__ Chinese
__ Filipino
__ Japanese
__ Vietnamese
__ Other Asian – Specify _____
__ Native Hawaiian
__ Guamanian or Chamorro
__ Samoan
__ Other Pacific Islander – Specify _____
__ Other – Specify _____

Informant or Next of Kin

Full Name _____ _____ _____ _____
first middle last relationship

Mailing address _____ _____ _____ _____
street number or P.O. box city state zip

Date Completed _____ Phone Number(s) _____ _____