



**Biographical Form** for death certificate filing and disposition permit

**Full Legal Name of person facing death/or planning arrangements**

(which is on passport or social security card)

First

Middle

Last

**Age:**

**Sex:**

**Date of Birth:**

**Place of Birth:** US state or foreign country:

**Served in US armed forces?**

**Social Security number:**

**Current Residence:**

Street and #

Town/city

County/State/Zip

**Is the residence inside city limits?**

**Marital Status** (widowed, never married, divorced, unknown):

**Spouse's Full Name:** (if married or widowed, not if divorced):

Full:

Middle:

Last:

**Father's Full Name:**

First:

Middle:

Last:

**Mother's Full Name (full maiden name):**

First:

Middle:

Last

**Education** (Highest level attained, e.g. High School Diploma. Bachelor's degree):

**Occupation** (during most of working life):

**Industry** in which worked: (e.g., if teacher, "education"):

**Of Hispanic origin?**

**Hispanic Origin:** Check or explain:

No, not Spanish, Hispanic or Latino

Yes, Mexican/Mexican-American/Chicano

Yes, Puerto-Rican

Yes, Cuban/

Yes, Other Spanish/Latino (Specify)

Unknown

Not obtainable

Refused

**Race:** Check

White?

African-American

American Indian or Alaska Native? (Name of the enrolled or principal tribe)

Asian Indian

Filipino

Korean

Chinese

Japanese

Vietnamese

Other Asian

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander (Specify)

Other (Specify)

Unknown

Not obtainable

Refused

**Informant's name:** (person providing information:

**If acting on behalf of someone, relationship?**

**Email:**

**Phone:**