



BIOGRAPHICAL DATA FORM
(FOR DEATH CERTIFICATE FILING & FINAL DISPOSITION)

FULL LEGAL NAME (on birth certificate, passport or social security card):

First / Middle / Last

DATE OF DEATH: _____

AGE: _____

SEX: _____

DATE OF BIRTH: _____

AGE AT LAST BIRTHDAY: _____

PLACE OF BIRTH: _____

U.S. STATE OR FOREIGN COUNTRY: _____

WAS DECEDENT IN THE U.S. ARMED FORCES?: _____

BRANCH OF SERVICE: _____

SOCIAL SECURITY NUMBER: _____

PLACE OF DEATH: _____

Street Name and # / City / State / Zip Code

TYPE OF PLACE (e.g Residence, Hospital, Etc.): _____

COUNTY OF DEATH: _____

DECEASED PERSON'S RESIDENCE: _____

Street Name and # / City / State / Zip

IS THIS RESIDENCE INSIDE CITY LIMITS?: _____

MARITAL STATUS: _____
(e.g. Widowed / Never married / Divorced / Unknown)

SPOUSE'S FULL NAME:

(If Married or Widowed) *First / Middle / Last*

SPOUSE'S FULL NAME PRIOR TO FIRST MARRIAGE:

FATHER'S FULL NAME: _____
First / Middle / Last

MOTHER'S NAME PRIOR TO FIRST
MARRIAGE :

First / Middle / Last

LAST EDUCATION: _____
(Highest Level Attained, e.g. High School Diploma, Bachelors Degree)

OCCUPATION (during most of working life): _____

INDUSTRY IN WHICH ONE WORKED: _____
(E.g., if teacher, "education")

WAS DECEDENT OF 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:

- _____ 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 INFORMATION (*Person who provides information about death certificate*)

INFORMANT NAME: _____
First / Middle / Last

RELATIONSHIP TO THE DECEASED: _____

EMAIL: _____

PHONE: _____

HOME ADDRESS (if different from deceased): _____

Street Name and # / City / State / Zip Code

NEXT OF KIN INFORMATION (*IF DIFFERENT FROM INFORMANT*):

NEXT OF KIN NAME: _____
First / Middle / Last

RELATIONSHIP TO THE DECEASED: _____

EMAIL: _____

PHONE: _____

102 W CHESTER ST LAFAYETTE CO 80026

PH: 720-515-2344

EMAIL: INFO@THENATURALFUNERAL.COM

THENATURALFUNERAL.COM

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HOME ADDRESS (IF DIFFERENT FROM DECEASED: _____

Street Name and # / City / State / Zip Code