

WIEFELS & SON

MORTUARY & CREMATION SERVICES

STATISTICAL INFORMATION REQUIRED TO COMPLETE NECESSARY DOCUMENTS
PLEASE PRINT CLEARLY

FIRST (GIVEN) NAME		MIDDLE		LAST		SEX	
DATE OF BIRTH	DATE OF DEATH		AGE	SOCIAL SECURITY #		MARITAL STATUS (CIRCLE ONE)	
PLACE OF BIRTH (CITY & STATE)			MILITARY SERVICE		RACE		
OCCUPATION (NOT RETIRED)			TYPE OF BUSINESS			YEARS IN OCCUPATION	
RESIDENCE - STREET AND NUMBER OR LOCATION							
CITY	COUNTY		ZIP CODE		YEARS IN COUNTY		STATE OR FOREIGN COUNTRY
NEXT OF KIN, RELATIONSHIP			MAILING ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP)				
NAME OF SURVIVING SPOUSE - FIRST		MIDDLE			LAST (MAIDEN NAME)		
NAME OF FATHER - FIRST		MIDDLE			LAST		BIRTH STATE
NAME OF MOTHER - FIRST		MIDDLE			LAST (MAIDEN NAME)		BIRTH STATE
PLACE OF FINAL DIPOSITION							
ATTENDING PHYSICIAN			MAILING ADDRESS (STREET AND NUMBER, CITY STATE, ZIP)				TELEPHONE

I VERIFY THE SPELLING IN THE ABOVE INFORMATION IS CORRECT.

SIGNATURE: _____ TELEPHONE _____

Certified copies of the death certificate are a service provided by the Health Department at a cost of \$12.00 per copy. We will order the number of copies you request when the original document is filed. You may always request additional copies at a later date, should you need them.

EXAMPLES OF ITEMS THAT MAY REQUIRE A "CERTIFIED COPY":

- | | | |
|-------------------|---|---------------------------|
| **Social Security | **Life Insurance Policies | **Certificates of Deposit |
| **Bank Accounts | **County Recorder's Office (Property) | **Securities |
| **Pension Funds | **Department of Motor Vehicles (Automobile) | **Savings Accounts |

NUMBER OF CERTIFIED COPIES YOU WOULD LIKE US TO ORDER: _____

- MAIL CERTIFIED COPIES TO NEXT OF KIN ABOVE
- MAIL CERTIFIED COPIES

TO: _____
