

INFORMATION FORM

NAME:

First

Middle

Last

NAME AT TIME OF BIRTH: _____

DATE OF BIRTH: _____ SEX: _____ SSN: _____ - _____ - _____

USUAL OCCUPATION(before retirement): _____

IN WHAT INDUSTRY: _____

CURRENT HOME ADDRESS: _____

COUNTY: _____ HOME PHONE: _____

CITY & STATE OF BIRTH: _____

MARITAL STATUS: MARRIED _____ DIVORCED _____

WIDOWED _____ NEVER MARRIED _____

ANCESTRY/NATIONALITY: _____

RACE: _____ OF HISPANIC ORIGIN? YES _____ NO _____ LEVEL OF EDUCATION: _____

VETERAN: NO _____ YES _____ BRANCH _____

SURVIVING SPOUSE'S NAME (IF FEMALE, NAME AT THE TIME OF HER BIRTH):

SUBJECT'S FATHER'S NAME: _____

SUBJECT'S MOTHER'S FIRST AND MAIDEN NAMES: _____

NAME & ADDRESS & TELEPHONE OF NEXT OF KIN (or guardian) :

NAME AND NUMBER OF PERSON TO BE CONTACTED WHEN COMPLETED:

****# of certified death certificates needed _____ ****

FISHER FUNERAL HOME
PH. 313-535-3030
24501 FIVE MILE ROAD
REDFORD TOWNSHIP, MI 48239