Permit # ____________ RECORD OF FUNERAL Case # ____________

1. DECEDENT'S NAME *(First, Middle, Last, Suffix)*						2. SEX
3. DATE OF BIRTH *(Month, Day, Year)*	4a. AGE-Last Birthday *(Years)*	4b. UNDER 1 YEAR Months	Days	4c. UNDER 1 DAY Hours	Minutes	5. DATE OF DEATH *(Month, Day, Year)*
6. SOCIAL SECURITY NUMBER	7. BIRTHPLACE *(City and State or Foreign Country)*					8. COUNTY OF DEATH

9. PLACE OF DEATH *(Check only one)*
HOSPITAL: ___ Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival
NON-HOSPITAL: ___ Hospice Facility ___ Nursing Home/Long Term Care Facility ___ Decedent's Home ___ Other *(Specify)*

10. FACILITY NAME *(If not institution, give street address)*	11a. CITY, TOWN, OR LOCATION OF DEATH	11b. INSIDE CITY LIMITS? ___ Yes ___ No

12. MARITAL STATUS *(Specify)*
___ Married ___ Married, but Separated ___ Widowed ___ Divorced ___ Never Married

13. SURVIVING SPOUSE'S NAME *(If wife, give maiden name)*

14a. RESIDENCE - STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	
14d. STREET ADDRESS	14e. APT. NO.	14f. ZIP CODE	14g. INSIDE CITY LIMITS? ___ Yes ___ No

15a. DECEDENT'S USUAL OCCUPATION *(Indicate type of work done during most of working life.)* *Do not use "Retired"*	15b. KIND OF BUSINESS/INDUSTRY

16. DECEDENT'S RACE *(Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)*
___ White ___ Black or African American ___ American Indian or Alaskan Native *(Specify tribe)*
___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian *(Specify)*
___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Isl. *(Specify)* ___ Other *(Specify)*

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? *(Specify if decedent was of Hispanic or Haitian Origin.)* ___ Yes *(If Yes, specify)* ___ No
___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American
___ Other Hispanic *(Specify)* ___ Haitian

18. DECEDENT'S EDUCATION *(Specify the decedent's highest degree or level of school completed at time of death.)*
___ 8th or less ___ High school but no diploma ___ High school diploma or GED
___ College but no degree College degree *(Specify)*: ___ Associate ___ Bachelor's ___ Master's ___ Doctorate

19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes ___ No

20. FATHER'S NAME *(First, Middle, Last, Suffix)*	21. MOTHER'S NAME *(First, Middle, Maiden Surname)*	
22a. INFORMANT'S NAME	22b. RELATIONSHIP TO DECEDENT	23a. INFORMANT'S MAILING - STATE
23b. CITY OR TOWN	23c. STREET ADDRESS	23d. ZIP CODE
24. PLACE OF DISPOSITION *(Name of cemetery, crematory, or other place)*	25a. LOCATION - STATE	25b. LOCATION - CITY OR TOWN

31a. ***(Signature and Title of Certifier)*** ►	31b. DATE SIGNED *(mm/dd/yyyy)*	32. TIME OF DEATH *(24 hr.)*	33. MEDICAL EXAMINER'S CASE NUMBER __ __ - __ __ - __ __ __ __ __
34a. LICENSE NUMBER *(of Certifier)*	34b. CERTIFIER'S NAME	35. NAME OF ATTENDING PHYSICIAN *(If other than Certifier)*	
36a. CERTIFIER'S - STATE	36b. CITY OR TOWN	36c. STREET ADDRESS	36d. ZIP CODE

I have read and carefully reviewed the above information given by me to Jennings Funeral & Crematory. I authorize the funeral home to obtain certified copies containing this information.

I understand that if at my request the certified copies are mailed to me by the funeral home, the funeral home assumes no responsibility for certified copies lost in the mail.

I further understand that if an error results from my giving incorrect information to the funeral home, I will be charged $100.00 plus any fees required by the Department of Vital Statistics to amend the death certificates.

Signature ____________ Date

________ w/ cause

________ w/o cause

________ Total