



# Biographical Information Form

Only items in **Blue** are optional.  
All other information is required in order to complete a death certificate.

Full Legal Name (First, Middle, Last, Suffix (e.g., Jr., Sr.))		
Residence Address		
City	State	Zip Code
Phone(s)		
Email		

Date of Death	Time	<b>OFFICE USE ONLY</b>
Place of Death		
City / Township	State	Zip Code
Military History (DD214 required for Military Benefits) <input type="checkbox"/> N/A <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines		
Rank	War	

Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____	Race
Social Security Number	Intitals _____
Date of Birth	Intitals _____
City of Birth	State of Birth
Father's Full Name	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Father's City/State (if Living)	
Mother's First and Maiden Name	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Mother's City/State (if Living)	

Highest School Grade Completed / Degree	
Primary Occupation in Life	
Business Type / Industry Category	
Employer	Years Employed / Retired

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married
Spouse/Partner Full Name (Maiden, if applicable)
Spouse/Partner Date of Birth (if Living)
Spouse/Partner SS# (if Living)

Informant / Next of Kin / Executor Full Name		
Relationship to Deceased		
Address		
City	State	Zip Code
Phone(s)		
Email		

For Cremations, Do You Have a Pacemaker? <input type="checkbox"/> No <input type="checkbox"/> Yes
If Male Viewing: <input type="checkbox"/> Shave facial hair <input type="checkbox"/> Keep facial hair

**\*\*\*\*\* VERIFICATION OF CERTIFICATE OF DEATH INFORMATION \*\*\*\*\***

By my/our signature(s) below, I/we attest to the accuracy of the above information to be sent to the Pennsylvania State Vital Records Office by this Funeral Home. Any corrections to data, or the reissue of corrected certificates may incur a cost which must be paid by the family of the deceased who requests the correction and/or new certificates.

Printed Name	Signature

Printed Name	Signature

## INFORMATION FOR OBITUARY (optional)

Surviving Family Members					
Relationship	First Name	Middle	Last Name	Residence City/State	Spouse First Name

Grandchildren	#
Great Grandchildren	#
Great Great Grandchildren	#

Predeceased Children and Siblings			
Relationship	First Name	Middle	Last Name

### TYPE OF SERVICE REQUESTED

<input type="checkbox"/> Full Traditional (viewing, church, graveside)
<input type="checkbox"/> Traditional (viewing, graveside)
<input type="checkbox"/> Traditional with Cremation
<input type="checkbox"/> Cremation with Memorial Service
<input type="checkbox"/> Cremation Only
<input type="checkbox"/> Green Burial

Memberships / Hobbies / Activities Enjoyed
Additional Information
In Lieu of Flowers, Donations May Be Made To:

### ADDITIONAL INFORMATION (OPTIONAL)

Clergy <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify _____
Prayer Cards / Register Book <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify Card & Prayer _____
Church Affiliation
Cemetery Plot <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify _____