

# Cremation Society OF TOLEDO



Decedent Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

SSN \_\_\_\_\_ Date of Death \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_ City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Inside City Limits? **Y / N**

Military **Y / N** Branch of Service \_\_\_\_\_ Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Marital Status (*check one*) Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Never Married \_\_\_

Spouse's Name (Maiden) \_\_\_\_\_

Education (*circle one*) 1- 8th grade or less 2- 9th-12th no diploma 3- High School Grad/GED 4- College-no degree  
5- Associates Degree 6- Bachelors Degree 7- Masters Degree 8- Doctorate/Professional Degree 9- Unknown

Hispanic Origin **Y / N** if yes, check one: Mexican American \_\_\_ Puerto Rican \_\_\_ other, specify \_\_\_\_\_

Race \_\_\_\_\_ Ancestry \_\_\_\_\_

Occupation \_\_\_\_\_ Industry \_\_\_\_\_

Father's name \_\_\_\_\_

Mother's name (maiden) \_\_\_\_\_

Informant's (Next of Kin's) name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## **FOR OFFICE USE ONLY**

Place of Death \_\_\_\_\_

Inpatient \_\_\_ ER \_\_\_ Home \_\_\_ Nursing Home \_\_\_ County of Death \_\_\_\_\_ State of Death \_\_\_\_\_

Inside City Limits? yes no Time of Death \_\_\_\_\_ AM PM

Doctor Signing Death Certificate \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Number of Certified \_\_\_\_\_