



Tri-County Cremation Center

Dignified. Reputable. Affordable.

INFORMATION SHEET

Full Name: _____ Went By: _____

Address: _____ Inside City Limits? _____

_____ Which County? _____

Social Security #: _____ No. of Death Certificates Needed: _____

Age: _____ Date of Birth: _____ Born Where: _____

Marital Status: Married Never Married Widowed Separated Divorced

Name of Spouse: _____ (give Maiden name for Wife/Mother)

Father: _____ Mother: _____

Highest Level of Education Completed: 8th Grade or Less 9th-12th Grade, No Diploma

High School Diploma or GED Some College, No Degree Associate Degree

Bachelor's Degree Master's Degree Doctorate

Was Deceased of Hispanic Origin: _____ If yes, Mexican, Cuban, Puerto Rican, etc. _____

Military Service: _____ If yes, Which Branch: _____

Occupation: _____ Type of Industry: _____

Informant: _____ Relationship: _____

Address: _____ Phone #: _____

_____ Email: _____