SIMPLE CREMATION
INDIANAPOLIS

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6904 South East Street, Suite E • Indianapolis, IN 46227 • (317) 361-4516

Death Certificate Information

Deceased's Name: (first, middle, last) _____

Name at Birth: (maiden, or other names used for personal business include AKA's if any) _____

Birthplace: (city & state or foreign country) _____ **Date of Birth**: _____

Age: _____ **Gender**: male or female **Social Security #**: _____

Marital Status: Married / Married, but Separated, / Never Married / Widowed / Divorced / Unknown

Surviving Spouse Name: (if wife give maiden last name) _____

Father's Name: (first, middle, last) _____

Mother's Name: (first, middle, last) _____

Mother's Maiden Last Name: _____

Deceased's Current Address: (number and street) _____

City: _____ **State**: _____ **Zip Code**: _____ **County**: _____

Inside City Limits?: yes or no

Education: (in number format, highest grade completed including college) _____

Occupation: (kind of work during most of adult life, do not use retired) _____

Type of Business/Industry: _____

Ever in US Armed Forces: yes or no **Branch**: _____

Hispanic Origin: yes or no **Decedent's Race**: _____

Informant's Name: (first, last) _____ (maiden) _____

Relationship to Decedent: _____

Informants Address: _____

Home Phone: _____ **Cell Phone**: _____

Email: _____

BTP#: _____ *Date of Death:* _____ *Time of Death:* _____ *DC to DR:* _____ *BOH:* _____