



**Managing Funeral Directors**

*Joseph W. Casper*

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[www.CasperFuneralServices.com](http://www.CasperFuneralServices.com)

## DEATH CERTIFICATE INFORMATION FORM

### ***Decedent Information***

|                                     |  |                           |                                   |                      |                                  |
|-------------------------------------|--|---------------------------|-----------------------------------|----------------------|----------------------------------|
| First Name                          | Middle Name  | Last Name                 | Last Name at Birth (if different) |                      |                                  |
| <input type="text"/>                | <input type="text"/>                                       | <input type="text"/>      | <input type="text"/>              |                      |                                  |
| Date of Birth (MM/DD/YYYY)          | Age (Yrs)  | Sex                       | Race                              | Marital Status       | Social Security # (Numbers Only) |
| <input type="text"/>                | <input type="text"/>                                       | <input type="text"/>      | <input type="text"/>              | <input type="text"/> | <input type="text"/>             |
| Residence                           | City   | State                     | Phone Number                      | Zip Code             | Country                          |
| <input type="text"/>                | <input type="text"/>                                       | <input type="text"/>      | <input type="text"/>              | <input type="text"/> | <input type="text"/>             |
| Education (highest level completed) | Occupation Last Known (prior to retirement, if applicable) | Kind of Business/Industry |                                   |                      |                                  |
| <input type="text"/>                | <input type="text"/>                                       | <input type="text"/>      |                                   |                      |                                  |

### ***Name of Last Spouse (if applicable)***

|                         |                      |                            |                                   |                 |                      |                 |                      |
|-------------------------|----------------------|----------------------------|-----------------------------------|-----------------|----------------------|-----------------|----------------------|
| First Name              | Middle Name          | Last Name                  | Last Name at Birth (if different) |                 |                      |                 |                      |
| <input type="text"/>    | <input type="text"/> | <input type="text"/>       | <input type="text"/>              |                 |                      |                 |                      |
| Decedent Have Children? | <input type="text"/> | Decedent have a Pacemaker? | <input type="text"/>              | Decedent Height | <input type="text"/> | Decedent Weight | <input type="text"/> |

### ***Place of Birth***

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| City                 | State                | Country              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

### ***Place of Death***

|                            |                                   |                      |                      |
|----------------------------|-----------------------------------|----------------------|----------------------|
| Address                    | City                              | State                | Zip Code             |
| <input type="text"/>       | <input type="text"/>              | <input type="text"/> | <input type="text"/> |
| Date of Death (MM/DD/YYYY) | Location of Deceased at this time |                      |                      |
| <input type="text"/>       | <input type="text"/>              |                      |                      |

### ***U.S. War Veteran***

### ***Deceased Information***

☐ Yes ☐ No If Yes, Document must be provided. (ex: DD-214)

|                            |                      |           |                      |
|----------------------------|----------------------|-----------|----------------------|
| Date & Place of Enlistment | <input type="text"/> |           |                      |
| Date & Place of Discharge  | <input type="text"/> |           |                      |
| Rank                       | <input type="text"/> | Service # | <input type="text"/> |
| Branch of Service          | <input type="text"/> |           |                      |

PLEASE BE SURE TO CHECK THE INFORMATION FOR ACCURACY. ANY CORRECTIONS AND/OR FEES ASSOCIATED WITH CORRECTIONS WILL BE THE RESPONSIBILITY OF THE PARTY PROVIDING THE INFORMATION.

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|                      |                      |   |                                   |
|----------------------|----------------------|---|-----------------------------------|
| First Name           | Middle Name          | Last Name   | Last Name at Birth (if different) |
| <input type="text"/> | <input type="text"/> | <input type="text"/>  | <input type="text"/>              |
| State of Birth       | Country              | Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                   |
| <input type="text"/> | <input type="text"/> |   |                                   |

***Mother's Name***

|                      |                      |   |                                   |
|----------------------|----------------------|---|-----------------------------------|
| First Name           | Middle Name          | Last Name   | Last Name at Birth (if different) |
| <input type="text"/> | <input type="text"/> | <input type="text"/>  | <input type="text"/>              |
| State of Birth       | Country              | Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                   |
| <input type="text"/> | <input type="text"/> |   |                                   |

***Informant Information*** (Person completing this form, usually Next of Kin - this person will be recognized as the "Informant" on the official Death Certificate)

|                      |                        |                      |                          |
|----------------------|------------------------|----------------------|--------------------------|
| First Name           | Middle Name            | Last Name            | Relationship to Deceased |
| <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/>     |
| Address              |                        | City                 | State                    |
| <input type="text"/> |                        | <input type="text"/> | <input type="text"/>     |
| Zip Code             |                        |                      |                          |
| <input type="text"/> |                        |                      |                          |
| Primary Phone Number | Alternate Phone Number | Email                | Country                  |
| <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/>     |

Additional Notes

**Please Print and Fax Form to 617-337-3232**