Date:

Burial Questionnaire

Date of referral:

Who referred the case

Location of the body:

Name of deceased:

Address:

Previous Address:

If in a nursing home when is admitted date :

Where did they come from:

Social Security Number:

Date of Birth:

Place of Birth

Date of Death:

Location of Death

Diagnosis:

Marriages:

Date of Marriages

Any children?

Name of Father:

Where was Father born?

Is Father still living?

Name of Mother:

Address and Phone number

Where was mother born?

Is mother still living

Address and phone number

Any siblings?

Ages, Addresses and phone numbers

What kind of income if any were they receiving?

Did they own any vehicles?

Do they own any property?

Do they receive any royalties, rental income, etc.

Do they have any insurance?

Any Stocks and Bonds?

What kind of work did they do?

Religion

Military Service