

Funeral Consumer Society of Colorado

Personal Information Data Sheet

The purpose of this form is to record necessary personal information to assist your survivors in completing the death certificate. It is not a legal document but nevertheless will be extremely helpful. Make as many copies as you need and give copies to whoever might be making the arrangements for you, or store them in known, accessible places for your survivors, or preferably both. As circumstances change, you should update the information.

Name _____
last first middle

Social Security # _____

Residence _____
street

city Inside city limits?

county, state, and zip

Birthdate _____ Birthplace _____

Military Service (details)

Usual occupation _____

Kind of business/industry _____

Marital status (married, divorced, widowed) _____

Spouse (if wife, give maiden name) _____

Hispanic origin ____ no ____ yes (specify: Mexican, Cuban, etc.) _____

Race (Am. Indian, white, black)

Education (highest grade completed) _____

Father's name (even if deceased) (first, middle, last) _____

Mother's maiden name (even if deceased) (first, middle, last)
