



Florida Funeral Home

1495 N.W. 17th Avenue

Miami, Florida 33125

(305)325-1171 ***FAX (305)325-8616*******

*****PLEASE TYPE VITALS IF POSSIBLE*** THIS IS PERMANENT COPY**

1. DECEDENT'S NAME (First, Middle, Last)					2. SEX	
3. DATE OF BIRTH (Month, Day, Year)		4a. AGE-last Birthday (Years)	4b. UNDER 1YR Months Days	4c. UNDER 1 Day Hours Minutes		5. DATE OF DEATH (Month, Day, Year)
6. SOCIAL SECURITY		7. BIRTHPLACE (city and State or Foreign Country)			8. COUNTY OF DEATH	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead On Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify)						
10. FACILITY NAME (If not institution, give street address)			11a. CITY, TOWN OR LOCATION OF DEATH		11b. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married			13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
14a. RESIDENCE-STATE		14b. COUNTY	14c. CITY, TOWN, OR LOCATION			
14d. STREET ADDRESS			14e. APT. No.	14f. ZIP CODE		14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired"				15b. KIND OF BUSINESS/INDUSTRY		
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)						
17. DECEDENT'S OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian origin?) <input type="checkbox"/> Yes (If yes, Specify) <input type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian						
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctor					19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
20. FATHERS NAME (First, Middle, Last, Suffix)			21. MOTHER'S NAME (First, Middle, Maiden Surname)			
NEXT OF KIN:			22b. RELATIONSHIP TO DECEDENT		22c. INFORMANT MAILING-STATE	
23b. CITY OR TOWN		23c. STREET ADDRESS			23d. ZIP CODE	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			25a. LOCATION-STATE		25b. LOCATION-CITY OR TOWN	

INFORMANTS#: _____

*****PLEASE PROOF ALL VITAL STATISTICAL INFORMATION AND SIGN IF CORRECT*****

CERTIFIED COPIES: With/Cause With/Out Cause Signature: _____