

# APPLICATION FOR SEARCH OF DEATH RECORD

## DECEASED INFORMATION

FULL NAME  
OF DECEASED: \_\_\_\_\_

FIRST MIDDLE LAST

PLACE OF  
DEATH: \_\_\_\_\_

HOSPITAL CITY, VILLAGE COUNTY

DATE OF  
DEATH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: M F

OCCUPATION: \_\_\_\_\_ Marital Status M D S W

DATE LAST KNOWN LAST KNOWN  
TO BE ALIVE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ADDRESS: \_\_\_\_\_

DATE OF  
BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_

\*\*\*\*\*

## APPLICATION MADE BY:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

APPLICANT'S RELATIONSHIP TO DECEASED: \_\_\_\_\_

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