



## Sample Questions, Details About the Deceased form

**Birthplace:** City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Marital Status at Time of Death:** \_\_\_\_\_

**Usual Occupation:** \_\_\_\_\_

Cannot use RETIRED, UNEMPLOYED or DISABLED. Please put the job the deceased did most of his/her life, or their last known occupation. If disabled, please indicate the job for which state training was provided.

**Kind of Business/Industry:** \_\_\_\_\_ **Education:** \_\_\_\_\_

**Ever in the US Armed Forces?** \_\_\_\_\_ **Is person of Hispanic Origin?** \_\_\_\_\_

**Deceased's Father:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Deceased's Mother:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Deceased's Mother's Maiden Name:**

(Legal forms require this information. If you do not have this information, 'Unknown' will need to be inserted.)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Did the deceased live in a township?** \_\_\_\_\_ **Deceased's County of Residence:** \_\_\_\_\_

**Primary Care / Family Doctor:** First \_\_\_\_\_ Last \_\_\_\_\_

**Doctor's Phone:** \_\_\_\_\_

**Doctor's Address (if known):**

\_\_\_\_\_

*This is a sample of some of the questions you may have to answer when completing the Details About the Deceased form at Cremstar.com. These can help you prepare by giving you an idea of the sort of information you will need to provide. Note, these are not a full list of questions, and the exact questions you will be required to answer will depend on individual circumstances.*