



Legal Name _____
First Middle Last

Social Security Number ____ - ____ - ____ Ever in U.S. Military ____ yes ____ no

Date of Birth _____ City and State of Birth _____

Residential Address _____

County _____ Zip _____ City State
Within City Limits ____ yes ____ no

Decedent's Occupation _____ Industry _____

Marital Status ____ Married ____ Married, but separated ____ Widowed ____ Divorced ____ Never Married

Spouse's Name _____
First Middle Last (maiden name if wife)

Father's Name _____
First Middle Last

Mother's Name _____
First Middle Last

Mother's Maiden Name _____

Level of Education- check one

- 8th grade or less
- 9th-12th grade; no diploma
- High school graduate/GED
- Some college credit; no degree
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate; PhD, EdD, MD

Decedent's Race -check one

- White
- Black or African American
- American Indian - Name Tribe _____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Vietnamese
- Other Asian - Specify _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander - Specify _____
- Other - Specify _____

Of Hispanic Origin ____ Yes ____ No

If yes please specify:

- Mexican Puerto Rican
- Cuba Other

Specify _____

How did you hear about us? _____

Informant or Next of Kin _____

Full Name _____
First Middle Last Relationship

Mailing Address _____
Street Number or P.O. Box City State Zip

Date Completed _____ Phone Number(s) _____

Email Address: _____

Phone: 317-241-6627
Toll Free: 855-548-1500
Fax: 888-566-3339

Standard Death Certificate Information

Please Print Clearly

7602 Madison Avenue
Indianapolis, IN 46227
info@allstatecremation.com