

PERSONAL INFORMATION HANDBOOK

Outline of Items for Contemplation

The purpose of this handbook is to assist you in expressing your wishes regarding what happens at the time of your death. It is intended to assist your loved ones and provide them with valuable information about your wishes.

Death is a difficult subject to discuss; however, we do our best to prepare for death with the assurances and peace-of-mind brought to us by advance preparation of our legal documents. We do not know how our death will occur. Regardless of how it comes, this handbook will bring peace in knowing that you are providing information about yourself to your family and friends.

The funeral or memorial service recognizes both mourning and hope as loved ones reflect the life of a family member or friend. But for the service to do that, pastors and survivors must know your desires. One of the most caring legacies we can give those closest to us is a specific set of instructions that will enable them to know our preferences. At first glance, this seems an unwelcome task, yet once tackled it is extremely satisfying to pull together all the essential details of your life in a form that will ensure that those who bear the responsibility of making arrangements do so in the knowledge that they are doing as you would have wished. It is wise to take on the task now, whatever your age, and to review and update the information annually.

This information should be readily accessible in your home, and it is advisable to inform your family members and friends of its existence.

Funeral or Memorial Service

There are essential decisions to be made. The first decision to be made: a funeral or a memorial service? A funeral customarily takes place within days of a death and includes the closed casket. A viewing, if desired, should be done at the funeral home prior to the service. A memorial service usually follows burial or cremation and can be held at a time when our families and friends can come together. Your pastors, if any, are prepared to help in the decisions and arrangements that need to be made.

If you wish to have a church funeral, there are some points of interest to be aware of. Most churches do not charge a fee for a funeral service; however, some people choose to make a contribution to the church. It is also customary for a financial honorarium to be given to the musicians or choir if they participate in the service. A reception may be arranged at the church following the service.

Funeral Homes

Funeral homes provide vital services at a perilous time. They are willing to assist with pre-planning (or arranging a pre-paid funeral if that is requested). They make arrangements for cremations or burials and for embalming, if necessary. They secure the death certificates, along with the copies the personal representative(s), also called executor(s), will need. They will handle the obituary for the newspapers. Funeral homes have facilities for visitation prior to the funeral and a chapel for the funeral or memorial service if this is preferred to a church. They can arrange transportation to the cemetery. When arrangements are thought through calmly in advance, unwanted cost may be avoided.

Cremation

Cremated remains may be interred in a cemetery or scattered at a memorable site. The service is held in the church either before or after the burial of the ashes.

Burial

It is important to decide on a burial site in advance. Even though some rural or church cemeteries do not charge for a plot, spaces must be reserved. Most cemetery plots must be purchased, and it is very difficult for a family in mourning to make that decision. Cemeteries require full payment to be made before burial. The graveside service is usually attended by family and close friends and includes appropriate scripture and liturgy by the pastor.

Memorial Gift vs. Flowers

Many grieving families today prefer a donation of enduring remembrance in lieu of flowers. Donations to your favorite charities, professional organizations, and educational institutions are all possibilities.

Hospice

Hospice provides value palliative care to those facing life-limiting illness and end-of-life issues. These services are available to the patient, their family and the community. Care can take place in the home, in the nursing home, or in the hospital. The hospice team includes the patient's personal physician, hospice physician, nurses, home health aides, social workers, clergy, trained volunteers and specialized therapists, if needed. Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs, and other managed care organizations.

Veteran's Benefits

All honorably discharged veterans and their spouses are entitled to burial in a national cemetery. Benefits include a gravesite in any of the 120 national cemeteries (with available space), opening and closing of the grave, perpetual care, a Government headstone, a burial flag, and a Presidential Certificate at no cost to the family. Cremated remains are buried in national cemeteries in a timely manner with the same honors as casketed remains.

A funeral honors ceremony can also be provided at the church service or graveside, whichever the family specifies. The core elements include the flag folding, flag presentation and the playing of Taps. To confirm eligibility or for more information, call: Department of Veterans Affairs at: 1-800-827-1000; <http://www.va.gov>

The closest Veterans Cemetery is the Florida National Cemetery, located at:

6502 SW 102nd Avenue, Bushnell, FL, 33513

352-793-7740 <http://www.cem.va.gov/CEMs/nchp/florida.asp>

Organ and Tissue Donations

If you have a desire to be an organ or tissue donor, it is extremely important that you let your family know and make arrangements now. You may fill out a donor card and carry it with you in your wallet or even designate on a driver's license your wishes to be a donor. Please see Uniform Donor Card.

Donating Your Body to Science

The Anatomical Board is the organization in Florida to which persons may donate their bodies. The Anatomical Board has two offices. The main office is located at the University of Florida, College of Medicine, in the Health Science Center. The branch office is located at the University of Miami, School of Medicine.

University of Florida College of Medicine

P.O. Box 100235

Gainesville, FL 32610-0235

1-800-628-2594

352-392-3588

<http://www.med.u.fl.edu/anatbd/INDEX.html>

University of Miami School of Medicine

Department of Anatomy-R124

P.O. Box 016960

Miami, FL 33101

305-243-6691

Personal Information

The following section will serve as a guide to help you record the important facts of your life and set down your wishes for your funeral and disposition of your possessions. Attach additional pages, if needed.

Name: _____

Social Security Number: _____ Male: _____ Female: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone (home): _____ Telephone (cell): _____

Married: _____ Single: _____ Widowed: _____ Divorced: _____

Place of Birth: _____ Date of Birth: _____ Location of Birth Certificate: _____

Name and Address of Person who you would like to make Final Arrangements

(for example, contacting funeral director, attorney, family members)

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship: _____

Next of Kin

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship: _____

Personal Representative (aka Executor) or Successor Trustee

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship: _____

Family Doctor

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Office Name: _____

Marriage Details (if applicable)

Name of Spouse: _____

Date of Marriage: _____ Place of Marriage: _____

Location of Certificate of Marriage: _____ Prenuptial Agreement: _____

Location of Prenuptial Agreement: _____

Family Details

Father's Name: _____ Birthplace: _____ Date of Birth: _____

Father's Address if still living: _____

Mother's Name: _____ Birthplace: _____ Date of Birth: _____

Mother's Address if still living: _____

Your Children (add additional pages if needed)

Name: _____ Male: _____ Female: _____ Date of Birth: _____

Address: _____ Telephone: _____

Name: _____ Male: _____ Female: _____ Date of Birth: _____

Address: _____ Telephone: _____

Name: _____ Male: _____ Female: _____ Date of Birth: _____

Address: _____ Telephone: _____

Name: _____ Male: _____ Female: _____ Date of Birth: _____

Address: _____ Telephone: _____

Your Grandchildren

Your Great-Grandchildren

Your Siblings (if applicable)

Name: _____ Male: _____ Female: _____ Date of Birth: _____

Address: _____ Telephone: _____

Name: _____ Male: _____ Female: _____ Date of Birth: _____

Address: _____ Telephone: _____

Name: _____ Male: _____ Female: _____ Date of Birth: _____

Address: _____ Telephone: _____

Additional Relatives (list name, relationship, address, telephone number)

Pets

Pet's Name: _____ Vet's Contact information: _____

Special Instructions: _____

Pet's Name: _____ Vet's Contact information: _____

Special Instructions: _____

Education

High School Attended: _____ City: _____ State: _____

College/University Attended (Undergraduate): _____

Year of Graduation: _____ Degree Attained: _____

College/University Attended (Graduate): _____

Year of Graduation: _____ Degree Attained: _____

Work History

Occupation: _____ Length of Service: _____

Date and Place of Retirement: _____

Most Recent Employer: _____
Name of Contact Person: _____ Telephone: _____
Additional Information: _____

Military Service

Branch of Service: _____ Serial Number: _____
Date Entered: _____ Place: _____
Date of Discharge: _____ Place: _____
Location of Discharge Papers: _____ Highest Rank Attained: _____
Awards/Commendations: _____

Do you desire a flag at your funeral service: Yes _____ No _____

Additional Information: _____

Honors Received – Professional, Community, Other

Describe any honors you have received:

Organizational Memberships: List and describe memberships in organizations:

Organization: _____ Contact Person: _____
Telephone _____ Length of Membership: _____
Organization: _____ Contact Person: _____
Telephone: _____ Length of Membership: _____

Please notify these individuals upon my passing:

Name: _____ Address: _____
Telephone Number: _____ Relationship: _____
Name: _____ Address: _____
Telephone Number: _____ Relationship: _____
Name: _____ Address: _____
Telephone Number: _____ Relationship: _____

Final Arrangements

Religious Affiliation

Do you have any religious affiliation? If yes, please list your religious affiliation: _____

Does your religion provide any instructions, rites, or rituals you would like followed? _____
If yes, please provide details: _____

Do you attend a specific church? If yes, please provide the name of your church.

Official arrangements (prepaid funeral plan) have been made through the following funeral home:

If you have not made pre-planning arrangements for your funeral, you prefer the following funeral home: _____

Do you desire a visitation/viewing prior to the funeral? Yes _____ No _____

If yes, open for whom? Only Family _____ Anyone _____ No Preference _____

Please provide specific details regarding clothing, jewelry to be worn, eyeglasses on or off, any other details: _____

If organs are being donated, have you completed a Donor Card? Yes _____ No _____

Location of Donor Card: _____

Disposition of the Body: Burial _____ Cremation _____

If you desire to be cremated, would you prefer the ashes to be scattered or buried?

Scattered _____ Buried _____

Location of Scattering: _____

If body is to be buried, give details of your desires.

Cemetery for Burial: _____ Telephone Number: _____

Memorial Garden: _____ Telephone Number: _____

Burial Plot: _____ Crypt: _____ Mausoleum: _____

Do you already own a burial plot? Yes _____ No _____

If yes, give location: _____

Preferred type of grave marker (if already purchased, provide those details):

Preferred inscription: _____

Pallbearers

| <u>Name</u> | <u>Address</u> | <u>Telephone Number</u> |
|-------------|----------------|-------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

Music

Organ: _____ Vocalist: _____ Choir: _____ No Music: _____

Other Instrument: _____

Congregation Singing: _____

Organist/Vocalist/Musicians Preferred: _____

Favorite Hymns: _____

Service Location

Church: _____ Graveside, Public: _____ Graveside, Private: _____

Minister Preference: _____

Other Speakers: _____

Favorite Scriptures: _____

Favorite Poems and Readings: _____

Any Additional Plans for Service: _____

Memorials

Would you prefer memorial gifts in lieu of flowers? _____

Other Wishes: _____

Public Notice

Would you prefer a Published Obituary? Yes _____ No _____

Newspapers to Notify: _____

This space is provided for writing your own Obituary, if desired: _____

- *See last page of handbook to complete the generic Death Certificate to ensure correct information*

Estate Planning Information

Attorney Name: _____

Address: _____

Telephone Number: _____

Have you created any of the following:

Revocable Trust: _____ Date Created: _____

Name of Successor Trustee: _____

Successor Trustee Telephone Number: _____

Name of Alternate Trustee: _____

Alternate Trustee Telephone Number: _____

Location of Document (should not be in safe deposit box): _____

Irrevocable Trust: _____ Date Created: _____

Name of Trustee: _____

Trustee Telephone Number: _____

Name of Successor Trustee: _____

Successor Trustee Telephone Number: _____

Location of Document (should not be in safe deposit box): _____

Last Will and Testament: _____ Date Created: _____

Name of Personal Representative: _____

Personal Representative Telephone Number: _____

Name Successor Personal Representative: _____

Successor Personal Representative Telephone Number: _____

Location of Document (should not be in safe deposit box): _____

Durable Power of Attorney: _____ Date Created: _____

Name of Agent: _____

Agent's Telephone Number: _____

Name of Successor Agent: _____

Successor Agent Telephone Number: _____

Location of Document (should not be in safe deposit box): _____

Health Care Surrogate Designation: _____ Date Created: _____

Name of Health Care Surrogate: _____

Surrogate's Telephone Number: _____

Name of Successor Surrogate: _____

Successor Surrogate's Telephone Number: _____

Location of Document (should not be safe deposit box): _____

Living Will: _____ Date Created: _____

Location of Document (should not be safe deposit box): _____

Financial Information

Location of Tax Records/Financial/Important Information:

Location of User Names and Passwords for online accounts:

Safe Deposit Box

Do you have a safe deposit box? Yes _____ No _____

Safe Deposit Box Number: _____ Name of Institution: _____

Institution Address: _____

Institution Telephone Number: _____

Other Information: (location of key, people with authorized access): _____

** A second person, relative or friend, should be authorized to access the box.*

Financial Planning

Name of Financial Planner: _____ Telephone: _____

Address: _____

Name of Accountant: _____ Telephone: _____

Location of tax records for past three (3) years: _____

Do you have a long-term care insurance policy? _____

Name of Insurance Agent: _____ Telephone: _____

Name of Company & Address: _____

Policy Number: _____

Assets: (attach additional pages if necessary); designate if beneficiaries are named on accounts

Banking

Name of Financial Institution: _____

Address: _____

Telephone Number: _____

Type of Account (Circle One): Checking Saving Money Markets CDs

Account Number: _____

Account Owner(s): _____

Name of Financial Institution: _____

Address: _____

Telephone Number: _____

Type of Account (Circle One): Checking Saving Money Markets CDs

Account Number: _____

Account Owner(s): _____

Name of Financial Institution: _____

Address: _____

Telephone Number: _____

Type of Account (Circle One): Checking Saving Money Markets CDs

Account Number: _____

Account Owner(s): _____

Mutual Funds: (Do not include IRA's, Annuities or Life Insurance)

Mutual Fund Name: Institution Name: _____

Address: _____

Account Owner: _____ Account Number: _____

Mutual Fund Name: Institution Name: _____

Address: _____

Account Owner: _____ Account Number: _____

Brokerage Accounts: (Do not include Retirement Accounts, IRAs, Annuities, or Life Insurance)

Institution Name: _____

Address: _____

Account Owner: _____ Account Number: _____

Institution Name: _____

Address: _____

Account Owner: _____ Account Number: _____

Stocks: (These are stocks that are outside a Brokerage Account)

Name of Stock: _____ Transfer Agent: _____

Address of Transfer Agent: _____

Owner: _____ Stock Certificate #: _____

Name of Stock: _____ Transfer Agent: _____

Address of Transfer Agent: _____

Owner: _____ Stock Certificate #: _____

Qualified Plans/Retirement Accounts: (401 (k)s, IRA's, Keogh's, and other ERISA Accounts)

* Plan Administrator (This is the custodian of the funds. This may be a former employer, a bank, brokerage firm or insurance company)

Name of Plan Administrator: _____

Address of Plan Administrator: _____

Account Owner: _____ Account Number: _____

Primary Beneficiary: _____

Secondary Beneficiary: _____

Name of Plan Administrator: _____

Address of Plan Administrator: _____

Account Owner: _____ Account Number: _____

Primary Beneficiary: _____

Secondary Beneficiary: _____

Life Insurance

Insurance Agent: _____

Agent Telephone Number: _____

*Policy Owner (The name of the person who owns the policy. This may not be the person on whose life the policy is written)

Name of Insurance Company: _____

Address of Insurance Company: _____

Policy Owner: _____ Policy Number: _____

Primary Beneficiary: _____

Secondary Beneficiary: _____

Name of Insurance Company: _____

Address of Insurance Company: _____

Policy Owner: _____ Policy Number: _____

Primary Beneficiary: _____

Secondary Beneficiary: _____

Annuities

Annuity Company Name: _____

Address: _____

Annuity Owner: _____ Annuity Number: _____

Annuity Company Name: _____

Address: _____

Annuity Owner: _____ Annuity Number: _____

Bonds

Name of Bond: _____

Approximate Value and CUSP: _____

Location of Original Certificate: _____

Address: _____

Name of Bond: _____

Approximate Value and CUSP: _____

Location of Original Certificate: _____

Address: _____

Property: Attach the Deed or Title; list the location for all real estate, mineral interests, automobiles, boats and other items that bear your name.

Real Property: _____

Timeshares: _____

Notes/Mortgages: _____

Mineral Rights/Interests: _____

Automobiles/Boats/RVs: _____

Misc.: _____

Interests in Personal Business:

Name of Business: _____

Address of Business: _____

Owner/Partner(s) Name(s) and Percent(s) of Interest: _____

Owner/Partner(s) Address(s): _____

****Please attach separate sheet of paper to the back of this document listing all other additional assets.****

Debts: List all credit cards and outstanding loans that must be cancelled or will need to have your name removed.

Name of Creditor: _____

Address of Creditor: _____

Account Owner: _____ Type of Debt: _____

Location of Additional Information concerning this Debt: _____

Name of Creditor: _____

Address of Creditor: _____

Account Owner: _____ Type of Debt: _____

Location of Additional Information concerning this Debt: _____

Name of Creditor: _____

Address of Creditor: _____

Account Owner: _____ Type of Debt: _____

Location of Additional Information concerning this Debt: _____

Name of Creditor: _____

Address of Creditor: _____

Account Owner: _____ Type of Debt: _____

Location of Additional Information concerning this Debt: _____

Monthly Expenses: List all household expenses that must be paid, whom to pay and the amount to pay. Some expenses you may want to consider are: Electric bill, water bill, telephone bill, HOA dues, car insurance, etc. List if these expenses are made by automatic withdrawal from a bank account and list the account number of the bank account. Attach separate page if necessary.

Household Management Tips: attach separate page if necessary

Dependent Care Instructions

Your Values and Beliefs (e.g. How do you define true success?, What core values are most important to you and why?, What does spirituality or religion mean to you?)

Life Experiences and Lessons Learned (e.g. What one person do you admire the most and why?; Name an event that changed your life and what the impact was; What have your life experiences taught you about love, family and relationships, etc?; What things might you have done differently if you had a second chance? Why?)

Priceless Memories (e.g. What are some of your happiest moments in life?; How did you meet your spouse/partner?; "Remember When...")

Parting Words (A message to those you love)

My Doctors and Medications Record Form

| | |
|-----------------------------|--|
| Date of this Form: | |
| My Name: | |
| My Address: | |
| | |
| | |
| My Doctor's Name: | |
| My Doctor's Ph. #: | |
| My Doctor's Address: | |
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| | |
| My Doctor's Name: | |
| My Doctor's Ph. #: | |
| My Doctor's Address: | |
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| | |
| My Pharmacist's Name: | |
| My Pharmacist's Ph. #: | |
| My Pharmacist's Address: | |
| | |
| | |
| My Health Problems/History: | |
| | |
| | |
| My Drug Allergies: | |
| | |
| My Surgical History: | |
| | |

In the table below, write down the name of each medication, the reason it is taken, how it's taken and the form (tablet, capsule, liquid, color, shape) of the medication. Then, write the side effects and any special instructions the doctor or pharmacist has told you about. List all prescription medications and all over-the-counter medicines, including vitamins or other nutritional supplements, pain relievers, antacids, laxatives, and herbal remedies. Make a copy of this list and carry the copy with you at all times in your purse or wallet. Show this form to doctors whenever you have an appointment. Bring this form with you to your pharmacy when you get a prescription filled. You may want to make copies of the blank form so you can use it again.

| Name of medication | Purpose or reason taken | Dose | Time(s) of day | Form, color and shape | Side effects or special instructions |
|-----------------------------------|-------------------------------------|------------------------------------|--------------------------|----------------------------|--|
| <i>Example: Vasotec 5 mg.</i> | <i>To treat high blood pressure</i> | <i>One tablet twice (2x) a day</i> | <i>7 a.m. 7 p.m.</i> | <i>white, round tablet</i> | <i>May cause dizziness during the first days of therapy.</i> |
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Digital Assets Inventory Worksheet

The term "digital assets" refers to personal information that is stored electronically on either a computer or an online "cloud" server account that belongs to an individual. Anyone who uses e-mail, has a password protected cell phone, makes online purchases, or pays bills online has digital assets.

Digital assets generally require a user name and/or password or PIN to access and can be difficult or impossible to retrieve if someone is incapacitated or passes away. Some digital assets have a monetary value while others have sentimental value. Either way, they are often very important to the people who create them.

Use this worksheet to record all of your digital assets by category. Then keep it in a safe place and share it with your power of attorney, executor, and other trusted people who would need to have this information. Note that some accounts allow for two factor authorization, so a note needs to be made about which accounts those are and how to access the second factor (e.g., app on phone, card in wallet, key fob, etc.).

Name: _____

Date of Preparation/Review: _____

Electronic Devices (e.g., smart phone, tablet, laptop computer, desktop computer, external hard drive)

| Name of Electronic Device and Owner/User | Password |
|--|----------|
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Benefit Accounts (e.g., airline miles, railroad miles, hotel rewards, retailer reward/loyalty programs)

| Name of Benefit Account Provider, Account Owner, and Web Address | User Name | Password/PIN Number |
|--|-----------|---------------------|
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E-mail Accounts (e.g., Yahoo!, Gmail, AOL, Outlook, Hotmail, Juno, employer's E-mail account)

| Name of E-mail Service Provider and Web Address | User Name/ Email Address | Password |
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Financial Accounts (e.g., banks, credit unions, brokerage accounts, mutual funds, retirement savings accounts, credit card accounts, employee benefit accounts, PayPal, Social Security)

| Name of Financial Institution and Web Address | User Name | Password and Security Question Answer(s) |
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Online Merchant Accounts (e.g., Amazon, Blair, Chadwicks, eBay, Etsy, Zappos, Wal-Mart)

| Name of Online Merchant and Web Address | User Name | Password |
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Organization Accounts (e.g., membership organizations and charitable organizations)

| Name of Organization and Web Address | User Name | Password |
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Photography and Music Accounts (e.g., Instagram, Snapfish, Flickr, Digital music library)

| Name of Photography/Music Owner and Web Address | User Name | Password |
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Publication Accounts (e.g., newspapers, magazines, blogs)

| Name of Publication and Web Address | User Name | Password |
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Social Media Accounts (e.g., Facebook, Twitter, Pinterest, LinkedIn, Google+)

| Name of Social Media Account, Account Owner, and Web Address | User Name | Password |
|---|------------------|-----------------|
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Video Accounts (e.g., YouTube, Vimeo)

| Name of Video Account, Account Owner, and Web Address | User Name | Password |
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Virtual Currency Accounts with Cash Value (e.g., Bitcoin, Farmville, Second Life, World of Warcraft)

| Name of Virtual Currency site, Account Owner, and Web Address | User Name | Password |
|--|------------------|-----------------|
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Web Site Accounts (e.g., domain names, hosting services, online business accounts, and cloud storage sites such as Dropbox, Google Drive, Apple iCloud)

| Name of Web site, Account Owner, and Web Address | User Name | Password |
|---|------------------|-----------------|
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| | | |

RESPONSIBLE PERSON: _____ Home Phone: _____
 RELATIONSHIP: _____ Work Phone: _____
 FILE #: _____ PERMIT # _____ CELL PHONE: _____

| | | | | | | |
|--|--|---|-------------------------------|---|---|--|
| 1. DECEDENT'S NAME (First, Middle, Last, Suffix) | | | | 2. SEX | | |
| 3. DATE OF BIRTH (Month, Day, Year) | | 4a. AGE-Last Birthday (Years) | 4b. UNDER 1 YEAR | 4c. UNDER 1 DAY | | 5. DATE OF DEATH (Month, Day, Year) |
| | | Months | Days | Hours | Minutes | |
| 6. SOCIAL SECURITY NUMBER | | 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 institutional, 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 OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedant was 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"/> 8 th of less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (specify: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate | | | | | 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20. FATHER'S NAME (First, Middle, Last, Suffix) | | | | 21. MOTHER'S NAME (First, Middle, Maiden Surname) | | |
| 22a. INFORMANT'S NAME | | | 22b. RELATIONSHIP TO DECEDENT | | 23s. INFORMANT'S MAILING - STATE | |
| 23b. CITY OR TOWN | | 23c. STREET ADDRESS | | | | 23d. ZIP CODE |
| 24. PLACE OF DISPOSITION (Name of cemetery or other place) | | | | 25a. LOCATION - STATE Florida | 25b. LOCATION - CITY OR TOWN | |
| 26a. METHOD OF DISPOSITION CREMATION | | | | | | |
| 26b. IF CREMATION, DONATION OR BURIAL AT SEA. WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes | | 27a. LICENCE NUMBER (of Licensee) | | 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH | | |

REVIEWED
 Recommended By _____

THE ABOVE INFORMATION HAS BEEN
 BY THE INFORMANT AND IS CORRECT _____