



Bevis Funeral Home and Crematory Death Certificate Information

Name of Deceased: _____

Social Security Number: _____

Date of Death: _____

Time of Death (24 hour): _____

Facility or Place of Death: _____

(if not an institution, give street address)

City of Death: _____

City Limits?

Yes

No

County of Death: _____

Facility Type

Hospital

Inpatient

ER/Outpatient

Dead on Arrival

Non-Hospital

Hospice Facility

Nursing Home

Decedent's Home

Other: _____

Name of Decedent: _____

Date of Death: _____

Autopsy

Yes

No

Pacemaker

Yes

No

Date of Birth:

Age:

U.S. Veteran?

Yes

No

Place of Birth:

Gender:

Male

Female

Branch of Service:

Marital Status

Married

Separated

Divorced

Never Married

Name of Surviving Spouse:

First:

Middle:

Maiden:

Note: Florida now requires a court order to amend the Surviving Spouse's Name on a Death Certificate.)

Decedent's Race or Races (More than one may be specified)

White

Black or African American

American Indian or Alaska Native (Specify tribe)

Asian Indian

Chinese

Filipino

Japanese

Korean

Name of Decedent: _____

Date of Death: _____

- Vietnamese
- Other Asian(specify): _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Island (specify): _____
- Other (specify): _____

Of Hispanic or Haitian Origin?

- Yes (If yes specify):
 - Mexican
 - Puerto Rican
 - Cuban
 - Central/South American
 - Other (specify): _____
- No

Education

- 8th or less
- High School, no diploma
- High School Diploma or GED
- College but no Degree

Name of Decedent: _____

Date of Death: _____

College Degree (specify):

Associate

Bachelor's

Master's

Doctorate

Decedent's Occupation (Kind of work, done the longest): _____

Industry (Description, not company name): _____

Father's Name	Mother's Name
First:	First
Middle:	Middle
Last	Maiden/Surname:

Decedent's Last Legal Address of Residence

Street Address: _____

State: _____

Zip: _____

City Limits?

Yes

No

(NOTE: In the case of patients in a nursing or convalescent home, the place where the deceased lived prior to admission should be used.)

Contact Name (Person Providing this Information): _____

Relationship to Decedent: _____

Contact Mailing Address: _____

Phone/Cell Phone: _____

Name of Decedent: _____

Date of Death: _____

Approved: _____

Please review carefully before approving this information. You will be responsible for any amendment fees and attorney/court costs necessary due to incorrect information listed on this form.

Name of Decedent: _____

Date of Death: _____