

Oakland Memorial Home  
330 Ramapo Valley Road  
Oakland, New Jersey 07436  
201 337-6161  
Fax 201 405-0985

## Personal Information

This information must be legally correct, as it will be typed onto the death certificate. Errors in any of the information will lead to delays in processing an estate.

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Age \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex:  Male  Female

**Marital Status** Never Married  Married  Married but separated  Widowed  Divorced

Surviving spouse's first and maiden name: \_\_\_\_\_

Of Hispanic Origin:  Yes  No

Race:  White  Black  American Indian  Other (Specify) \_\_\_\_\_

Mexican  Puerto Rican  Cuban  Central / South American  Other( Specify)

Father's first and last Name: \_\_\_\_\_

Mother's First and Maiden Name: \_\_\_\_\_

## Residence

This should be the legal address of the deceased. It will also determine the county in which the will is to be probated

Residence Street Address: \_\_\_\_\_ Residence Town: \_\_\_\_\_

Residence State: \_\_\_\_\_ Residence Zip: \_\_\_\_\_

Phone: area code \_\_\_\_\_ # \_\_\_\_\_

Residence County: \_\_\_\_\_ Inside City Limits:  Yes  No

## Informant

The person who is providing the information and in charge of the funeral arrangements.

Name of Informant: \_\_\_\_\_ Relationship: \_\_\_\_\_

Informant Address: \_\_\_\_\_ Informant Town: \_\_\_\_\_

Informant State: \_\_\_\_\_ Informant Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Work History

Kind of work done most of life. \_\_\_\_\_

Occupation / Job Title: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Kind Of Business / Industry: \_\_\_\_\_ Years \_\_\_\_\_

Retired: Yes\_\_\_ No\_\_\_ Year of Retirement \_\_\_\_\_

Name of Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

## Religious Information

Religion: \_\_\_\_\_ Name of Clergy: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address : \_\_\_\_\_

Church Telephone: \_\_\_\_\_

## Education

Primary Education: Total Years \_\_\_\_\_ Secondary Education: Total years \_\_\_\_\_

Total Education: \_\_\_\_\_ Name of College Or University: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

## Survivors

	<b>Relationship</b>	<b>City</b>	<b>State</b>
	<b>Relationship</b>	<b>City</b>	<b>State</b>
	<b>Relationship</b>	<b>City</b>	<b>State</b>
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	<b>Relationship</b>	<b>City</b>	<b>State</b>
	<b>Relationship</b>	<b>City</b>	<b>State</b>

## Physician

This should be the doctor who will sign the death certificate.

Name of Physician: \_\_\_\_\_ Street Address: \_\_\_\_\_

Town: State: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Military Information

Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_ Branch of Service \_\_\_\_\_ War \_\_\_\_\_

If you have the veteran's discharge papers please bring them to the funeral home.

War: Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Enlistment Date: \_\_\_\_\_ Enlistment Place: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Military ID Number: \_\_\_\_\_

## Disposition

Burial     Cremation     Mausoleum Entombment     Other

Name of Cemetery: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

Plot Location    Lot \_\_\_\_\_ Section \_\_\_\_\_ Grave# \_\_\_\_\_

Name & date of Last Interment: \_\_\_\_\_

Special Instructions:

### Things to bring to the Funeral Home:

List of Survivors

Recent Photo's

Clothing - Please include full under garments - Shoes optional

Glasses if worn

Cemetery Deed

Military Discharge Papers