

Williamsburg Funeral Home

3 South Main Street
Williamsburg, MA 01039
(413) 268-3400

www.hampshirecremation.com

Joseph F. Pasternak III, Director & Owner

DEATH CERTIFICATE INFORMATION FORM

Decedent Information

| | | | | | |
|-------------------------------------|--|----------------------|-----------------------------------|----------------------------------|----------------------------------|
| First Name | Middle Name | Last Name | Last Name at Birth (if different) | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Date of Birth (MM/DD/YYYY) | Age (Yrs) | Sex | Race | Marital Status | Social Security # (Numbers Only) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Residence | City | State | Zip Code | Country (If Foreign Birth Place) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Education (highest level completed) | Occupation Last Known (prior to retirement, if applicable) | | Kind of Business/Industry | | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | | |

Name of Last Spouse (if applicable)

| | | | |
|----------------------|----------------------|----------------------|-----------------------------------|
| First Name | Middle Name | Last Name | Last Name at Birth (if different) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Does Decedent Have Children?

Decedent have a Pacemaker?

Place of Birth

| | | |
|----------------------|----------------------|----------------------------------|
| City | State (If USA) | Country (If Foreign Birth Place) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Place of Death

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Address | City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date of Death (MM/DD/YYYY)

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

U.S. War Veteran

Yes No

If Yes, Document must be provided. (ex: DD-214)

Deceased Information

| | | | | | |
|----------------------------|----------------------|---------------------------|----------------------|-------------------|----------------------|
| Date & Place of Enlistment | <input type="text"/> | Date & Place of Discharge | <input type="text"/> | | |
| Rank | <input type="text"/> | Service # | <input type="text"/> | Branch of Service | <input type="text"/> |

PLEASE BE SURE TO CHECK THE INFORMATION FOR ACCURACY. ANY CORRECTIONS AND/OR FEES ASSOCIATED WITH CORRECTIONS WILL BE THE RESPONSIBILITY OF THE PARTY PROVIDING THE INFORMATION.

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Decedent's Parents Information

Father's Name

First Name Middle Name Last Name Last Name at Birth (if different)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

State of Birth (If USA) Country (If Foreign Birth Place)

| | |
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Deceased? Yes No Unknown

Mother's Name

First Name Middle Name Last Name Last Name at Birth (if different)

| | | | |
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State of Birth (If USA) Country (If Foreign Birth Place)

| | |
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Deceased? Yes No Unknown

Informant Information *(Person completing this form, usually Next of Kin - this person will be recognized as the "Informant" on the official Death Certificate)*

First Name Middle Name Last Name Relationship to Decedent

| | | | |
|--|--|--|--|
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Address City State (If USA) Zip Code

| | | | |
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Primary Phone Number Alternate Phone Number Email Country (If Foreign Birth Place)

| | | | |
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Additional Notes

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