

PERSONAL INFORMATION FOR BEQUEATHAL OF
ANATOMICAL GIFT TO THE DEPARTMENT OF FUNERAL SERVICE EDUCATION

FULL NAME: _____

PLACE OF BIRTH: _____

SEX: MALE: FEMALE: SOCIAL SECURITY #: _____

DATE OF BIRTH: TELEPHONE #: _____

DID DONOR EVER SERVE IN THE MILITARY? IF YES WHICH BRANCH? _____

MARITAL STATUS: (CIRCLE ONE) MARRIED: NEVER MARRIED: WIDOWED: DIVORCED

SURVIVING SPOUSE'S NAME: (IF WIFE, GIVE MAIDEN NAME: _____

DECEDENT'S USUAL OCCUPATION: _____

KIND OF BUSINESS OR INDUSTRY: _____

RESIDENCE: STATE: COUNTY: _____

RESIDENCE: CITY, TOWN OR LOCATION _____

RESIDENCE: STREET AND NUMBER _____

IS THIS ADDRESS INSIDE THE CITY LIMITS: YES: NO: _____

RACE: (CIRCLE ONE): AMERICAN INDIAN; BLACK; WHITE; HISPANIC; _____

DECEDENT'S EDUCATION: SPECIFY HIGHEST GRADE COMPLETED: _____

FATHER'S NAME: _____

MOTHER'S NAME: (INCLUDE MAIDEN NAME IF KNOWN) _____

NAME, ADDRESS, AND TELEPHONE # OF NEXT OF KIN OTHER THAN SPOUSE _____

NAME AND ADDRESS OF PHYSICIAN WHO WILL SIGN DEATH CERTIFICATE: _____