





# Obituary Worksheet

## The Bureau of Vital Statistics in the State of Ohio requires the following information

Please fill in this form and bring it with you when you come in to complete the arrangements.

Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

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

SS#: \_\_\_\_\_ Member of Armed Forces:  Yes  No

Highest Level of Education: \_\_\_\_\_ Decedent's Race: \_\_\_\_\_

Hispanic origin or ancestry:  Yes  No If yes, please specify: \_\_\_\_\_

Decedent's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Inside city limits:  Yes  No

Marital Status:  Married  Divorced  Married, but separated  
 Widowed  Never Married  Unknown

Surviving Spouse's name (given name prior to first marriage): \_\_\_\_\_

Usual occupation (do not use "retired"): \_\_\_\_\_

Kind of business/industry (do not use company name): \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name before first marriage: \_\_\_\_\_

Name of person providing information: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_