

**N.F. Walker of Queens Funeral Home**

**87-34 80<sup>th</sup> St., Woodhaven, NY 11421**

**(718) 296-4343 Fax: (718) 521-0821 Website: WALKERNF.COM**

VITAL STATISTICAL INFO NEEDED TO COMPLETE THE DEATH CERTIFICATE

DECEDENT INFORMATION:

- 1) Full Name \_\_\_\_\_
- 2) Place of death \_\_\_\_\_ 3) Date of death \_\_\_\_\_
- 3-A) Decedent's street address \_\_\_\_\_
- 3-B) City \_\_\_\_\_ 3-C) State \_\_\_\_\_ 3-D) Zip code \_\_\_\_\_
- 4-A) Date of birth \_\_\_\_\_ 4-B) Age \_\_\_\_\_
- 4-C) Place of birth (City & state or foreign country) \_\_\_\_\_
- 5) Social Security# \_\_\_\_\_
- 6) Father's Name \_\_\_\_\_
- 7) Mother's Name (include mother's maiden name) \_\_\_\_\_
- 8-A) Was the decedent of Hispanic or Haitian origin?  Yes (complete 8-B) below or  No
- 8-B) If "Yes" to questions 8-A, please specify:  Haitian  Cuban  Mexican  
 Puerto Rican  Other (specify) \_\_\_\_\_
- 9) Race:  African-American/Black  Caucasian/White  American Indian or Alaska Native  
 Asian  Native Hawaiian or other Pacific Islander  Other \_\_\_\_\_
- 10) Marital status:  Single/Never Married  Married/separated  Widowed  Divorced
- 11) If married, name of surviving spouse (include maiden name) \_\_\_\_\_
- 12-A) Last occupation (Do NOT enter "retired") \_\_\_\_\_
- 12-B) Type of business \_\_\_\_\_
- 12-C) Last employer \_\_\_\_\_
- 13) Highest Education:  8<sup>th</sup> grade or less  9-12<sup>th</sup> (no diploma)  high school grad or GED  
 Some college credits (no degree)  Associates degree  Bachelors degree  Masters degree  
 Doctorate or other professional degree
- 14-A) U.S. Armed Services Service?  Yes  No 14-B) If "Yes", branch of service \_\_\_\_\_
- 14-C) If veteran, dates of service \_\_\_\_\_ 14-D) Rank \_\_\_\_\_

**INFORMANT INFORMATION**

- Full Name \_\_\_\_\_
- Relationship to the decedent \_\_\_\_\_
- Street address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Telephone (include area code) \_\_\_\_\_