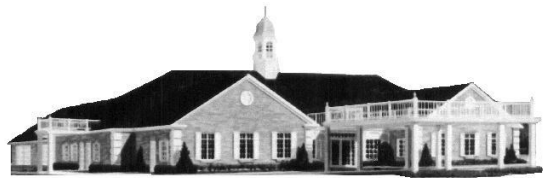


Colonial Funeral Home, Inc.

591 Ridgeway Road
McHenry, Illinois 60050

Telephone (815) 385-0063
Fax (815) 385-0068



Please complete the following form and bring it with to your arrangement appointment. The front page asks for all of the information we will need to complete the death certificate and the back has space for you to fill out any information you would like to include in a newspaper/obituary notice.

FAMILY CONTACT INFORMATION:

Name: _____

Address: _____

Telephone: HOME _____ CELL _____

E-Mail: _____

Death Certificate Information Needed **All Areas MUST Be Filled Out**

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last)			2. SEX		3. DATE OF DEATH (Month/Day/Year) (Spell Month)	
4. COUNTY OF DEATH		5a. AGE AT LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month/Day/Year)	
7a. CITY OR TOWN			7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number)			
7c. PLACE OF DEATH (Check only one: see instructions)						
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
8. BIRTHPLACE (City and State or Foreign Country)		9. SOCIAL SECURITY NUMBER	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No
13a. RESIDENCE (Street and Number)		13b. APT. NO.	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY	13f. STATE	13g. ZIP CODE	14. FATHER'S NAME (First, Middle, Last)		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
16a. INFORMANT'S NAME		16b. RELATIONSHIP		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code)		
47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		49. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Name of the enrolled or principle tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____		
50. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).				51. BUSINESS/INDUSTRY (Enter type of business or industry, NOT COMPANY NAME)		

If you answered "YES" above to military service, please circle all that apply:

WAR: World War II Korean War Vietnam War Persian Gulf War Other:

BRANCH OF SERVICE: Air Force Army Coast Guard Marines Navy

****A copy of Military Discharge Papers (DD-214) will need to be provided to us for applications for government marker and flag****

Surviving Spouse: _____

Date of Marriage: _____ **Place of Marriage:** _____
Month, Day, Year Church / City & State or Foreign Country

Surviving Children: First Name (Spouse's name) Last Name - City and State

Surviving Grandchildren: Number Only / First Names Only / Full Name and Spouse Information

Surviving Great-Grandchildren: Number Only / First Names Only / Full Name and Spouse Information

Surviving Parents: _____

Surviving Parents-in-Law: _____

Surviving Brothers and Sisters: First Name (Spouse's name) Last Name - City and State

Deceased Relatives: Relationship to Deceased, First and Last Names

Biographical Information To Be Included In Obituary

Things you would like mentioned, such as employment information (companies worked for, positions held, years there), church affiliations, memberships, groups or organizations involved with and positions or duties held within them, hobbies, enjoyments, things well known for, etc...

Flowers: _____ **In Lieu of Flowers:** _____

Memorial Contributions May Be Directed To: _____
