## **Biographical Questionnaire**

This worksheet will be helpful to us in completing the death certificate & other paperwork. Once completed, e-mail to Amy@FittingTributeFunerals.com or take a photo on your phone and text it to (718) 288 - 0099.

<b>Decedent Information</b>			
Full name (first, middle, last):			
Social security number:		Gender	
Age: Birth date:		Approx. weight:	
Birthplace (city, state):			
Place & date of death (if known):			
Education completed:			
Decedent's home address:			
Marital status (if single, specify never mar	ried, divorced or widowed): _		
Surviving spouse's name (if applicable):			
Surviving spouse's maiden name (if applications)	able):		
Occupation during working life:	orking life:Kind of business/industry:		
Father's name (first, middle, last):			
Mother's name (first, middle, maiden, last	t):		
Was your loved one a veteran of the US Ar	rmed Forces?		
Our wishes are for:	☐ Burial	☐ Cremation	
If cremation, our wishes for cremains are:		☐ Scattering	Other
Informant Information Full Name:			
Relationship to decedent:			
Mailing address:			
Phone number:			