



Colonial-Wojciechowski

FUNERAL HOMES

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HISTORY

This Vital Statistic information requested below, is required on Death Certificates in the State of Illinois. The state uses this information to compile statistics based on the persons; sex, age, education, occupation and cause(s) of death. Other records are kept for state documentation. This information is NOT for the newspaper.

Please complete the information below to the best of your ability.

Name of Deceased: _____
(First) (Middle) (Last)

Sex: _____ Date of Birth: _____ Place of Birth: _____
(City and State or Foreign Country)

Marital Status: _____ Ever in the U.S. Armed Forces: _____
(Married, Divorced, Married but Separated, Never Married, Widowed, Unknown) (Yes/ No)

Social Security Number: _____ Surviving Spouses Name: _____
(If wife, give full name prior to first marriage)

Occupation: _____ Type of Business or Industry: _____

Father's Name: _____ Mother's Name _____
(First, Middle, Last Name Prior to First Marriage)

Residence: _____ City or Town: _____
(Street and Number)

State: _____ Zip Code: _____

Decedents Education: _____ (The highest degree or level of school completed at the time of death)

Is the decedent of Hispanic origin: _____ If yes, from what heritage: _____

Decedent's Race: _____ [White, Black or African American, American Indian or Alaskan Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian (specify), Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander (specify), or other race (specify)]

Informants Name: _____

Address: _____

City, State, ZIP _____

Telephone: Home _____ Cell: _____ Work: _____

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www.colonialfuneral.com