BEVIS
Funeral Home & Crematory

Bevis Funeral Home and Crematory Death Certificate Information

Name of Deceased: _____

Social Security Number: _____

Date of Death: _____

Time of Death (24 hour): _____

Facility or Place of Death: _____

(if not an institution, give street address)

City of Death: _____

City Limits?

☐ Yes

☐ No

County of Death: _____

Facility Type

Hospital

☐ Inpatient

☐ ER/Outpatient

☐ Dead on Arrival

Non-Hospital

☐ Hospice Facility

☐ Nursing Home

☐ Decedent's Home

☐ Other:_____

Autopsy

- [ ] Yes
- [ ] No

Pacemaker

- [ ] Yes
- [ ] No

Date of Birth:
Age:
U.S. Veteran?

- [ ] Yes
- [ ] No

Place of Birth:
Gender:

- [ ] Male
- [ ] Female

Branch of Service:
Marital Status

- [ ] Married
- [ ] Separated
- [ ] Divorced
- [ ] Never Married

Name of Surviving Spouse:
First:

Middle:

Maiden:

Note: Florida now requires a court order to amend the Surviving Spouse's Name on a Death Certificate.)

Decedent's Race or Races (More than one may be specified)

- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native (Specify tribe)
- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean

- [ ] Vietnamese
- [ ] Other Asian(specify):_____
- [ ] Native Hawaiian
- [ ] Guamanian or Chamorro
- [ ] Samoan
- [ ] Other Pacific Island (specify): _____
- [ ] Other (specify): _____

Of Hispanic or Haitian Origin?

- [ ] Yes (If yes specify):
  - [ ] Mexican
  - [ ] Puerto Rican
  - [ ] Cuban
  - [ ] Central/South American
  - [ ] Other (specify): _____
- [ ] No

Education

- [ ] 8th or less
- [ ] High School, no diploma
- [ ] High School Diploma or GED
- [ ] College but no Degree

☐ College Degree (specify):

- ☐ Associate
- ☐ Bachelor's
- ☐ Master's
- ☐ Doctorate

Decedent's Occupation (Kind of work, done the longest): _____

Industry (Description, not company name): _____

Father's Name	**Mother's Name**
First:	First
Middle:	Middle
Last	Maiden/Surname:

Decedent's Last Legal Address of Residence

Street Address: _____

State: _____

Zip: _____

City Limits?

☐ Yes

☐ No

(NOTE: In the case of patients in a nursing or convalescent home, the place where the deceased lived prior to admission should be used.)

Contact Name (Person Providing this Information): _____

Relationship to Decedent: _____

Contact Mailing Address: _____

Phone/Cell Phone: _____

Approved: _____

Please review carefully before approving this information. You will be responsible for any amendment fees and attorney/court costs necessary due to incorrect information listed on this form.