

STEGENGA FUNERAL CHAPEL

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Death Certificate Information

STATISTICAL INFORMATION

Arrangements for: (Full Legal Name)		Male / Female		
Date of Death:	Date of Birth:			
Name at Birth:				
CURRENT RESIDENCE Number and Street:				
City:	State:	Zip Code:		
County:	Village:	Twp:		
Phone – Home:	Cell:			
Birthplace – City:		State:		
Social Security Number:		Education: (Level of School Completed or Degree)		
Race:	Ancestry:	Hispanic? Yes No		
Employer:		Veteran? Yes No		
Usual Occupation: (Mechanic, Welder, Nurse)				
Kind of Business: (Tool & Die, Medical, Customer service)				
Marital Status:	Married	Never Married	Divorced	Widowed
Surviving Spouse: (If wife, list maiden name)				
Father's Name:				
Mother's Name: (Including her maiden name)				
Informant:			Relationship:	
Address:				
City:	State:		Zip Code:	
Phone Number:			E-mail:	
How would you like us to reply? Phone or E-mail				