



Life Tributes Funeral Home & Cremation Service

Please complete the following form and email, fax, or mail to: 901 S LaSalle St, (PO BOX 152) Spencer, WI 54479
Phone: (715)659-4545 Fax: (715)659-4805
Email: lifetributesfuneralhome@frontier.com

Information Worksheet for Wisconsin State Certificate of Death

LEGAL NAME: _____
First / Full Middle / Last / Maiden

SEX: M F SOCIAL SECURITY#: _____ RACE: _____

DATE OF BIRTH: _____ CITY/STATE OF BIRTH: _____ TOWNSHIP OF BIRTH: _____
(Country if not in U.S.A)

RESIDENCE ADDRESS: _____
Street / City / State / Zip / County / Township

TRIBAL MEMBER: NO UNK. YES TRIBE: _____ HISPANIC ORIGIN: NO YES If "Yes," Specify: _____
(if yes please indicate tribe) (Cuban, Mexican, etc.)

VETERAN: Yes No ENLISTMENT DATE: _____ DISCHARGE DATE: _____ BRANCH: _____

MARITAL STATUS: Married Never Married Divorced Widowed

MOTHERS NAME: (First, Maiden Name) _____

FATHERS NAME: (First, Last) _____

SPOUSE NAME: (First, Last, Maiden Name) _____

OCCUPATION: (DO NOT USE RETIRED) _____ INDUSTRY: (Do not use company name) _____

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

INFORMANT'S NAME: _____

INFORMANT'S RELATIONSHIP TO DECEASED: _____ INFORMANT'S PHONE NUMBER: _____

INFROMANT'S MAILING ADDRESS: _____

INFORMANT'S SIGNAUTRE: _____
(I declare the foregoing is true to the best of my knowledge)

To be completed by Funeral Director

DATE OF DEATH: _____ Hour of Death: _____

CITY/VILLAGE/TOWNSHIP OF DEATH: _____ COUNTY OF DEATH: _____

Place of Death: _____ Autopsy: Yes No Referred to ME/Coroner: Yes No

Method of Disposition: _____ Place of Disposition: _____

Location of Cemetery or Crematory: _____ Date of Disposition: _____