

Alabama Organ Center
Personal Information for Death Certificate
(PLEASE VERIFY SPELLING OF ALL INFORMATION)

First Name: _____ Middle Name: _____ Last Name: _____

of Hispanic Origin (Specify yes or no) If yes, specify: Cuban, Mexican, Puerto Rican, etc: _____

Race (Specify American Indian, Black, White, etc): _____ Gender: _____

Date of Birth: _____ Social Security Number: _____

Highest level of education completed: High School (0-12): _____ College (1-4 or 5+): _____

Marital Status (Specify Married, Never Married, Widowed, Divorced): _____

Surviving Spouse (If Wife, give maiden name): _____

Did you ever serve in the Armed Forces (yes or no): _____ State of Birth: _____

State of Residence: _____ County: _____

Number and Street Name: _____

City, Town, or Location: _____ Zip Code: _____

Next of Kin Name: _____ Relationship: _____

Next of Kin address: _____

Next of Kin contact number: _____

Usual Occupation: (Give kind of work done during most of working life even if retired): _____

Kind of Business or Industry: _____

Father Name: First _____ Middle: _____ Last: _____

Maiden Name of Mother: First _____ Middle: _____ Last: _____