



TWIFORD FUNERAL HOMES, LLC

SERVING NORTHEAST NORTH CAROLINA & THE OUTER BANKS SINCE 1933

PRENEED - Date Info Collected: _____

Acct No _____

CERTIFICATE OF DEATH WORKSHEET

				Date of Death		Time of Death	
First		Middle		Last		Suffix	Maiden Name
Sex	Age	Date of Birth		Birthplace (County/State)		Social Security Number	
Place of Death (Circle One): Hospital: Inpatient ER/Outpatient DOA OR Nursing Home/Long Term Care Decedent's Home Other (Specify)							
Facility Name or Street Address					City or Town		County
Marital Status (Circle One): Married Married, But Separated Widowed Divorced Never Married Unknown				Spouse (Include Maiden Name) living dead			
Occupation (Do not use retired)				Industry			
Residence - State		County		City or Town		Zip Code	
Residence - Street Address					Inside City Limits? (yes/no)		Ever in the US Armed Forces (yes/no)
Education			Hispanic Origin		Race		
<input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th - 12th Grade, No Diploma <input type="checkbox"/> High School Graduate or GED completed <input type="checkbox"/> Some College Credit, No Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate			<input type="checkbox"/> No If Yes Please Select One Below: <input type="checkbox"/> Mexican, Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other (Specify Below) _____ _____		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify Below) _____		
Father's Full Legal Name living dead				Mother's Full Legal Name (Include Maiden Name) living dead			
Informant's Name				Relationship		Phone Number	
Mailing Address				Email Address			
Method of Disposition (Circle One): Burial Cremation Donation Entombment Removal from State Other (Specify)							
Name of Cemetery, Crematory, Other				Location (City or Town/State)			
Doctor				Location/Phone Number			
Notes							