



# TWIFORD FUNERAL HOMES

SINCE 1933

## Death Certificate Worksheet

<b>DECEDENT'S LEGAL NAME</b>				
First	Middle	Last	Suffix	Maiden
<b>SEX</b>	<b>AGE</b>	<b>DATE OF BIRTH</b>	<b>COUNTY and STATE of BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>PLACE OF DEATH</b>		<b>DATE OF DEATH</b>	<b>TIME OF DEATH</b>	
<b>FACILITY NAME OR STREET ADDRESS</b>			<b>CITY</b>	<b>COUNTY</b>
<b>MARITAL STATUS</b>		<b>SPOUSE'S FULL LEGAL NAME (Include Maiden Name)</b>		
<b>OCCUPATION (Do not use retired)</b>			<b>INDUSTRY</b>	
<b>DECEDENT'S RESIDENCE</b>				
<b>STATE</b>		<b>COUNTY</b>	<b>CITY OR TOWN</b>	<b>ZIP CODE</b>
<b>STREET ADDRESS</b>			<b>WITHIN CITY LIMITS</b>	<b>MILITARY SERVICE</b>
<b>EDUCATION (Highest Completed)</b>		<b>HISPANIC ORIGIN</b>	<b>RACE</b>	
<b>DECEDENT'S PARENTS</b>				
<b>FATHER First</b>		Middle	Last	Status
<b>MOTHER First</b>		Middle	Maiden Name	Status
<b>INFORMANT</b>				
Full Name		Relationship		Phone Number
Mailing Address			Email Address	
<b>METHOD OF DISPOSITION</b>				
Name of Cemetery, Crematory, or Other			Location (City/Town and State)	
<b>PRIMARY CARE PHYSICIAN</b>		<b>LOCATION</b>		<b>PHONE NUMBER</b>
Worksheet Completed by			Account No.	Date

[WWW.TWIFORDFH.COM](http://WWW.TWIFORDFH.COM)

MEMORIAL CHAPEL  
405 EAST CHURCH STREET  
PO DRAWER 405  
ELIZABETH CITY, NC 27909  
252.335.4395

ALBEMARLE CREMATORIUM, INC.  
403 EAST CHURCH STREET  
ELIZABETH CITY, NC 27909

COLONY CHAPEL  
500 BUDLEIGH STREET  
PO BOX 595  
MANTEO, NC 27954  
252.473.2449