



*Barbara Falowski*  
Funeral & Cremation Services

Barbara Falowski Funeral & Cremation Services  
300 S.W. 6th Street - Fort Lauderdale, Florida 33315  
Phone: (954) 462-4262 - Fax: (954) 764-1225 - Email: info@barbarafalowski.com

Decedent's Name \_\_\_\_\_ AKA \_\_\_\_\_  
First Middle Last Suffix

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Date of Death \_\_\_\_\_  
M/F Month Day Year Month Day Year

SS # \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City State or Country

Place of Death (Circle One) Hospital Hospice Nursing Home Decedent's Home Other

Facility Name (If not institution, give street address) \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Marital Status – Circle One: Married Married but Separated Widowed Divorced Never Married

Surviving Spouse (if Wife give maiden name) \_\_\_\_\_  
First Middle Last (if wife maiden name)

Decedent's Residence \_\_\_\_\_  
Street Address Apt/Unit

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Decedent's Occupation \_\_\_\_\_ Business or Industry \_\_\_\_\_  
(During Most of Lifetime)

Race (one or more may be circled) White - Black - American Indian(specify Tribe)  
Asian Indian - Chinese - Filipino - Japanese - Korean - Vietnamese - Other \_\_\_\_\_

Hispanic or Haitian Origin? Yes \_\_\_ No \_\_\_ If Yes, Circle Mexican - Cuban - Puerto Rican  
Central/South American Other Hispanic \_\_\_\_\_ Haitian

Highest Level of Education (circle one) (8<sup>th</sup> Grade or less) (Some High School No Diploma)  
(HS Diploma/GED) (Some College no degree) College Degree: Associate-Bachelors-Doctorate

Was Decedent in US Armed Forces Yes \_\_\_ No \_\_\_ Branch: \_\_\_\_\_ DD-214 Available? Yes or No

Father's Name \_\_\_\_\_  
First Middle Last Suffix

Mother's Maiden Name \_\_\_\_\_  
First Middle Maiden Name

Informant \_\_\_\_\_  
First Middle Last Relationship to Decedent

Address \_\_\_\_\_  
Street Address Apt/Unit

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Informant's Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

All information Verified By \_\_\_\_\_  
Signature Print Name Date