

DaWise-Perry / Mandan Crematory

Locally Owned

4211 Old Red Trail
Mandan, ND 58554
Phone: 701-663-3239
Email: office@dawiseperry.com

INFORMANT: _____
ADDRESS: _____ _____
Relationship: _____
Phone: _____
Email: _____ _____
MEDICAL CERTIFIER: _____

LEGAL INFORMATION:

FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____ **AGE:** _____

DATE OF DEATH: _____ **PLACE OF DEATH:** _____ **TIME OF DEATH:** _____

DATE OF BIRTH: _____ **CITY/STATE OF BIRTH:** _____

SOCIAL SECURITY #: _____ **RACE:** _____ **ANCESTRY:** _____

DECEASED ADDRESS: _____ **CITY:** _____ **COUNTY:** _____

STATE: _____ **ZIP:** _____ **INSIDE CITY** **OUTSIDE CITY** **PHONE NO.** _____

FATHER'S FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____ Deceased

MOTHER'S FIRST NAME: _____ **MIDDLE:** _____ **MAIDEN:** _____ Deceased

MALE **FEMALE** **MAIDEN NAME:** _____ **MARRIED AT TIME OF BIRTH:** Yes No

HIGHEST LEVEL OF EDUCATION: Unknown 8th or less 9-12 no diploma High school or GED Some college no degree

Associate Degree (AA, AS) Bachelor's Degree (BA, BS) Master's Degree (MA, MS) Doctorate Degree (PHD, MD)

OCCUPATION: _____ **BUSINESS / INDUSTRY:** _____ Retired

VETERAN: Yes No **Branch:** Army Navy Air Force Marines Coast Guard Other: _____

MARITAL STATUS: NEVER MARRIED MARRIED WIDOWED DIVORCED SEPARATED LEGALLY SEPARATED

SPOUSE FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____ **MAIDEN:** _____

COMMITTAL:

CEMETERY: _____ **City:** _____

DATE OF COMMITTAL: _____

NUMBER OF DEATH CERTIFICATES: _____

ADDITIONAL INSTRUCTIONS: _____
