



325 Washington Street
Alexandria, KY 41001
859-635-9590

Vital Statistics Information

All information on this page is needed for completing the death certificate.

Deceased Full Legal Name (DO NOT USE INITIALS): _____

Current Physical Mailing Address (NO PO Box #'s): _____

Date of Birth: _____ City and State of Birth: _____

Social Security Number: _____ Race: _____

Mother's Full Name (DO NOT USE INITIALS): _____

Mother's (Maiden Name) last name before marriage: _____

Father's Full Name (DO NOT USE INITIALS): _____

Current Marital Status: Married Married but separated Divorced Widowed Never Married

Full Legal Name of surviving spouse (DO NOT USE INITIALS): _____

Surviving spouse's (Maiden Name) last name before marriage: _____

Highest Education Level Completed: 8th grade or less High School/GED Some College No Degree
Associate Degree Bachelor's Degree Master's Degree Doctorate

Occupation performed during majority of working life and type of industry: _____

examples: Homemaker/Domestic Teacher/ Education Police Officer/ Law Enforcement Disabled/Disabled

Military Veteran: Yes NO

Branch of Service: Army Marines Navy Air Force Coast Guard

Note: The funeral home will need a copy of the veteran's discharge papers if Military Honors or VA Marker is to be requested.

Type of Final Disposition: Burial Cremation Entombment (Mausoleum) Anatomical Donation

Cemetery Name (if applicable): _____

Cemetery Information (if applicable): _____

Informant's Legal Name (Person in charge of arrangements): _____

Informant's relationship to the deceased: _____

Informant's Physical Mailing Address: _____

Informant's P.O. Box if Applicable: _____

Informant's telephone number: _____

Informant's email address: _____

****If a death has been reported to our funeral home staff, it is important that we receive the above information as soon as possible. This information can be returned to us by email: alexandriafuneralhome@gmail.com fax: 859-635-0664**