

*Death Certificate Information - Macken Funeral Home- 1105 12<sup>th</sup> Street SE – Rochester, MN 55904  
Phone: (507) 282-1075 - FAX: (507) 280-7740*

1. Decedent's full name (first/middle/last): \_\_\_\_\_ Sex \_\_\_\_\_  
Maiden Name: \_\_\_\_\_
2. Street Address of deceased: \_\_\_\_\_
3. City / State / County: \_\_\_\_\_ City Limits?: Y / N
6. Social Security Number: \_\_\_\_\_
7. Date and Place of Death \_\_\_\_\_
8. Date of Birth: \_\_\_\_\_
9. Age: \_\_\_\_\_
11. Birthplace (city, state, foreign country): \_\_\_\_\_
11. Father's name (first, middle, last): \_\_\_\_\_
12. Mother's name (first, middle, maiden): \_\_\_\_\_
13. Marital status (married, divorced, widowed, never married)
14. Spouse's name: \_\_\_\_\_ Maiden \_\_\_\_\_
15. Race: \_\_\_\_\_ Hispanic Origin (yes/no): \_\_\_\_\_
16. Highest completed education: \_\_\_\_\_
17. Occupation: \_\_\_\_\_
18. Kind of Business: \_\_\_\_\_
19. U.S. Veteran: Yes / No
20. Informants Name/Address/Relationship: \_\_\_\_\_  
\_\_\_\_\_
21. Date of Disposition (burial/cremation): \_\_\_\_\_
22. Name of Cemetery \_\_\_\_\_ City/State \_\_\_\_\_