Macken Funeral Home 1105 12th Street SE Rochester, MN 55904 Fax: (507) 280-7740

## **Death Certificate Information**

Byron Funeral Home 1620 Voll Drive NW Byron, MN 55920 Fax: (507) 315-1332

Email: macken@mackenfuneralhome.com

Email: office@byronfuneralhome.com

Decedent's first/middle/last name:

male / female

Decedent 5 mst/madie/last name.	Illaie / Telliale
Maiden name:	
Street Address of deceased:  City / State / ZIP/County:  Social Security Number:	City Limits?: Yes / No
Date of Death: Place of death	n:
Date of Birth:	Age:
Father's name (first, middle, last):	
Mother's name (first, middle, maiden):	
Race:	Hispanic Origin: Yes / No
Highest level of completed	
education:	
Occupation:	Kind of Business:
Is the deceased a U.S. Veteran? Yes / No	
Marital Status: Married / Divorced / Wid	owed / Never Married
Spouse's name:	Maiden:
Informants Name (Next of Kin):	Relationship
Address:	
Type of Disposition burial / cremation / otl	her:
Name of Cemetery:	City, State:
Death Certificates will be sent to the address provided below. The cost of the certific Minnesota are \$13.00 for the first copy and \$6.00 for each additional copies ordered time. *Families that choose our Simply Cremation Plan® may leave this section blank to obtain death certificate yourself (Minnesota residents). If you reside outside of N will assist in obtaining death certificates for you.	d at the same c as you will have
Order: Certified Copies of the Death Certific	ate
Name:	<u></u>
Address:	
Signature:	Date: