



**NOTE:** Please type or print clearly and provide the most accurate information possible to match legal records. If any information is impossible to attain, please write "UNKNOWN." Any blank, incorrect, misspelled, or illegible information may be difficult and expensive to correct after the death certificate is filed. In most cases, the family must contact the state for amendments, and MedCure is generally unable to help with that process or any related fees. You may provide sensitive information by phone if you choose. If completed prior to passing, please update MedCure with any changes.

Full Name of Donor: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Legal name on file with Social Security; include any Jr., Sr., II, etc. REQUIRED

Last name prior to first marriage: \_\_\_\_\_ Any Alias/AKA: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex/Gender: \_\_\_\_\_  
City, County, State or Foreign Country

Current Street Address: \_\_\_\_\_ Inside City Limits? Yes No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Township: \_\_\_\_\_

Lived in state since: \_\_\_\_\_ In county since: \_\_\_\_\_ In current residence since: \_\_\_\_\_ Any previous states of residence: \_\_\_\_\_

Race/Ethnicity: (check all that apply) White Black or African American Hispanic:(Specify) \_\_\_\_\_  
 Native American:(Specify) \_\_\_\_\_ Pacific Islander:(Specify) \_\_\_\_\_ Asian:(Specify) \_\_\_\_\_  
 Other:(Specify) \_\_\_\_\_ Ancestry, if known: \_\_\_\_\_

Highest Level of Education: No Diploma(highest grade completed: \_\_\_\_\_) High School Graduate GED Some College  
 Trade/Vocational Associate's Bachelor's Master's Professional/Doctorate Unknown

Usual Occupation: \_\_\_\_\_ Industry: \_\_\_\_\_  
Retired/Disabled not an option unless life-long

Years in this Occupation: \_\_\_\_\_ Name of Last Employer: \_\_\_\_\_

U.S. Military Veteran: Yes No If yes, Branch: \_\_\_\_\_ Years Served: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Combat Served: Yes No Wars Served In: \_\_\_\_\_ 100% Service-Connected Disability: Yes No

Parent #1 Full Legal Name: \_\_\_\_\_ Last name before First Marriage: \_\_\_\_\_

Parent #1 Place of Birth (city, county, state or foreign country): \_\_\_\_\_

Parent #2 Full Legal Name: \_\_\_\_\_ Last name before First Marriage: \_\_\_\_\_

Parent #2 Place of Birth (city, county, state or foreign country): \_\_\_\_\_

Donor's Marital Status: Never Married Legally Married Married, but Legally Separated Divorced Widowed  
 Legal Civil Union Unknown Other:(Specify) \_\_\_\_\_

Spouse's Full Legal Name: \_\_\_\_\_ Last Name Prior to First Marriage: \_\_\_\_\_

Plans for Cremated Remains: Keep at Home Scattering Cemetery Other: \_\_\_\_\_ Unknown at this Time

Person Completing Form: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_