

Serenity Funeral Home, 20419 Highway 36, Covington, LA 70433

## Facts of Death Verification

as they will appear on the State of Louisiana Death Certificate

Last Name \_\_\_\_\_ Date of death \_\_\_\_\_  
First Name \_\_\_\_\_ Time of death \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Marital Status: Married    Never Married    Widowed    Divorced  
Surviving spouse (if married, give maiden name) \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age \_\_\_\_\_  
Birthplace (City, State) \_\_\_\_\_  
Usual Occupation \_\_\_\_\_  
Kind of Business/Industry \_\_\_\_\_  
Race \_\_\_\_\_ Of Hispanic Origin? YES or NO  
Ever in the Armed Forces? YES or NO  
Highest grade completed in school \_\_\_\_\_  
Deceased residence \_\_\_\_\_  
\_\_\_\_\_ Parish or County? \_\_\_\_\_  
Place of death \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Father's place of birth (city, state) \_\_\_\_\_  
Mother's Name (maiden name) \_\_\_\_\_  
Mother's place of birth (city, state) \_\_\_\_\_  
Cemetery/Crematory & Location \_\_\_\_\_  
Date of Burial/Cremation \_\_\_\_\_  
Informant \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Complete address) \_\_\_\_\_

\$25.00 FOR FIRST DC / \$7.00 THEREAFTER

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT, PLEASE READ: READ CAREFULLY THE ABOVE FACTS AND MAKE SURE THAT ALL THE INFORMATION IS CORRECT. THIS IS HOW THE INFORMATION WILL APPEAR ON THE FINAL CERTIFIED COPY OF THE DEATH CERTIFICATE (DC). WE CANNOT SEND THE "DC" TO THE DOCTOR OR CORONER WITHOUT A SIGNATURE ON THIS FORM. ONCE WE HAVE THE "DC" FILED, WE CANNOT MAKE ANY CHANGES WITHOUT A LONG AMENDMENT PROCESS. BY SIGNING THIS FORM, YOU ARE STATING THAT ALL INFORMATION IS TRUE AND CORRECT AND THAT YOU WILL BE RESPONSIBLE FOR ANY AMENDMENT FEES IF NECESSARY. OUR RETURN FAX NUMBER IS 985-875-1132.**

How many certified copies of the death certificate will you need? \_\_\_\_\_