



*Walker Funeral Service & Chapel*

*566 N. Water*

*2300 E. Cook St.*

*704 North*

*St.*

*Decatur, IL 51412*

*Springfield, IL 62703*

*Champaign, IL 61820*

*(217) 362-6214*

*(217) 753-3783*

*(217)*

*552-1708*

*Vital Information*

*We need the following information:*

- I. Full name of Deceased\_\_\_\_\_*
- II. Address of Deceased\_\_\_\_\_*
- III. Date of Birth of Deceased\_\_\_\_\_*
- IV. Deceased birth place\_\_\_\_\_*
- V. Social Security number of Deceased\_\_\_\_\_*
- VI. Marital Status\_\_\_\_\_ Maiden name of Spouse\_\_\_\_\_*
- VII. Deceased Father's name\_\_\_\_\_*
- VIII. Deceased Mother's name\_\_\_\_\_Maiden\_\_\_\_\_*
- IX. Veteran Yes or NO ; if yes please provide Military Discharge or Dd214*
- X. Name of Cemetery\_\_\_\_\_*
- XI. Cemetery Location\_\_\_\_\_*
- XII. Highest level of education\_\_\_\_\_*
- XIII. Deceased Most recent occupation\_\_\_\_\_*
- XIV. Informant Name: \_\_\_\_\_*
- XV. Informant email address: \_\_\_\_\_*
- XVI. Informant's phone: \_\_\_\_\_*
- XVII. Secondary contact: \_\_\_\_\_*
- XVIII. Relationship: \_\_\_\_\_*

*The information requested above is REQUIRED to completed the death certificate*

*Sincerely,*

*Vital Information*