

# Island Health Project Biographical Information Sheet

**The following information is required prior to/at time of death in order for our office to complete and file necessary paperwork for transport across state lines.**

Full Name \_\_\_\_\_  
(First/Middle/Maiden/Last)

Nickname \_\_\_\_\_  
(If applicable)

Current Address \_\_\_\_\_  
\_\_\_\_\_

Since \_\_\_\_\_

Former Address \_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Birthplace \_\_\_\_\_  
(City and State)

Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_  
(First/Middle/Last)

Mother's Name \_\_\_\_\_  
(First/Middle/Maiden/Last)

Education History:

Completed High School Y/N

Completed College Y/N

Degree Earned \_\_\_\_\_

Veteran Status (if applicable) \_\_\_\_\_

Years Served \_\_\_\_\_

Branch \_\_\_\_\_  
DD214 (Discharge record) will be needed by funeral home if military  
honors/benefits/gravestone are desired.

Spouse: \_\_\_\_\_  
(First/Middle/Maiden/Last)

Place of Marriage \_\_\_\_\_  
(City and State)

Date of Marriage \_\_\_\_\_

Spouses date of death (if applicable) \_\_\_\_\_

Last Occupation/Job Title \_\_\_\_\_

Last Employer Prior to Retirement \_\_\_\_\_

Name and Locality of Company or Firm \_\_\_\_\_

Length of Employment \_\_\_\_\_

Years of Retirement \_\_\_\_\_

Next of Kin \_\_\_\_\_  
(First/Middle Initial/ Last)

Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Relationship of Next of Kin \_\_\_\_\_

Information Approved (please initial) \_\_\_\_\_

Name of Alternate Responsible Party \_\_\_\_\_