



**PILLAR
INFORMATION SHEET**

NOTE: Please *Type* or *Print* all information using *upper and lower case*.

Full Name _____ Date of Death _____
(First Middle Last)

Location of Death _____ City of Death _____ County of Death _____
(Name of Hospital, Nursing Home or Street Address)

AKA or Name at Birth _____ Male _____ Female _____ Doctor _____
(List Maiden Name for Females)

Address _____ City or Twp. _____ County _____

Date of Birth _____ Place of Birth _____ Age _____

Soc. Security # (deceased) _____ SS # & Date of Birth (Spouse) _____

Occupation _____ Name of Employer _____

Marital Status: Legally Married __ Never Married __ Divorced __ Widowed __
 Spouse's (Maiden) Name _____

No. of Children under age 18: _____ No. of Children 18-19 and still in High School: _____
 No. of Children Over age 18: _____ No. of Children over 18 who were disabled before age 22: _____

Ancestry _____ Race _____ Hispanic _____ Education Level _____
(Yes/No)

U. S. Veteran: Yes ___ No ___ Branch of Service _____

Father's Name _____ Mother's Maiden Name _____

Contact Person: _____ Relationship _____ Phone # _____
 Email Address: _____ Cell Phone # _____

Mailing Address _____