



**MARTIN &  
CASTILLE**  
FUNERAL HOME

**INSTRUCTIONS TO COMPLETE  
DEATH CERTIFICATE &  
OBITUARY INFORMATION FORM**

Before completing the form below, please follow these steps:

1. Save the form to your desktop.
2. Open from your desktop and type the deceased's information in the form.
3. Save the edited copy to your desktop.
4. Email the edited copy as an attachment to the email address provided by our Funeral Home.



BIRTH No. \_\_\_\_\_

FILE No. 117 \_\_\_\_\_

1A. LAST NAME OF DECEDENT		1B. FIRST NAME		1C. MIDDLE NAME		2A. DATE OF DEATH (Month, Day, Year)		
2B. HOUR OF DEATH		3. SEX	4. RACE (Specify White, Black, etc.)		5. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)		6. SURVIVING SPOUSE (If Wife, give Maiden Name)	
7. DATE OF BIRTH (Month, Day, Year)		8A. AGE YEARS	8B. UNDER 1 YEAR MONTHS	8C. UNDER 1 DAY HOURS	8C. UNDER 1 DAY MINUTES	9. BIRTHPLACE (City and State or Foreign Country)		
10. USUAL OCCUPATION (Kind of work done during most of working life. NEVER specify retired)			11. KIND OF BUSINESS/INDUSTRY			12. OF HISPANIC ORIGIN?		
13. EVER IN U.S. ARMED FORCES? (YES or NO)		14. SOCIAL SECURITY NUMBER		15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST grade completed)		COLLEGE (1-4, 5+)		
				ELEMENTARY/SECONDARY (0-12)				
16A. PLACE OF DEATH (Check ONLY one, if death in NON-LISTED facility check OTHER and specify on line BELOW.)								
HOSPITAL	1 <input type="checkbox"/>	INPATIENT	2 <input type="checkbox"/>	ER / OUTPATIENT	3 <input type="checkbox"/>	DOA	NON-HOSPITAL	
	4 <input type="checkbox"/>	NURSING HOME	5 <input type="checkbox"/>	RESIDENCE	6 <input type="checkbox"/>	OTHER		
16B. NAME OF FACILITY (If not in Facility, give street address or location)						16C. PLACE OF DEATH IN CITY LIMITS? (YES or NO)		
17A. CITY, TOWN OR LOCATION OF DEATH						17B. PARISH OF DEATH		
18A. STREET ADDRESS (If rural specify rural route number or location)				18B. PARISH OF RESIDENCE		18C. STATE OF RESIDENCE		
18D. USUAL RESIDENCE OF DECEDENT (City, town or location)				18E. ZIP CODE		18F. RESIDENCE INSIDE CITY LIMITS? (YES or NO)		
19A. FATHER'S LAST NAME		FIRST		MIDDLE		19B. FATHER'S PLACE OF BIRTH		19C. STATE
20A. MOTHER'S MAIDEN NAME		FIRST		MIDDLE		20B. MOTHER'S PLACE OF BIRTH		20C. STATE
21A. TYPE OR PRINT NAME OF INFORMANT				21B. INFORMANT'S ADDRESS			21C. DATE (Month, Day, Year)	
22A. METHOD OF DISPOSITION				22B. DATE THEREOF (Month, Day, Year)		22C. NAME AND LOCATION OF CEMETERY OR CREMATORIUM		
1 <input type="checkbox"/>	BURIAL	2 <input type="checkbox"/>	CREMATION	3 <input type="checkbox"/>	REMOVAL	4 <input type="checkbox"/>	OTHER	

Informants Phone # and Email \_\_\_\_\_

Attending Physician : \_\_\_\_\_

\_\_\_\_\_





St. Landry

Farrel

Scott

Obituary / Death Certificate Information

Services: \_\_\_\_\_ Place: \_\_\_\_\_

For: \_\_\_\_\_ Age: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Day & Time of Death: \_\_\_\_\_ Place: \_\_\_\_\_

Minister: \_\_\_\_\_

Gift bearers: \_\_\_\_\_

Lector: \_\_\_\_\_

Eulogist: \_\_\_\_\_

Organist: \_\_\_\_\_ Soloist: \_\_\_\_\_

Selections: \_\_\_\_\_

Visitation: \_\_\_\_\_

Rosary: \_\_\_\_\_

Obituary in: Dailyadvertiser \_\_ Paid \_\_ Free \_\_\_\_\_ # of Days Run On: \_\_\_\_\_

Other Newspapers: Name / City: \_\_\_\_\_

Picture	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Survived By:

Name

City of Residence

Wife / Husband: \_\_\_\_\_

No. \_\_ Daughters: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. \_\_ Sons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father & Mother: \_\_\_\_\_

No. \_\_ Sisters: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. \_\_ Brothers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. \_\_ Grandchildren: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



No. \_\_ Great Grandchildren: \_\_\_\_\_

No. \_\_ Great Great Grandchildren: \_\_\_\_\_

Grandparents: \_\_\_\_\_

Preceded in death by: \_\_\_\_\_

Native of: \_\_\_\_\_ Resident of: \_\_\_\_\_ # of Years: \_\_\_\_\_

If Veteran, Specify war and branch: \_\_\_\_\_

Employment: Retired \_\_ Yes \_\_ No Church Affiliation: \_\_\_\_\_

**Obituary Information**

Church Memberships, Clubs, Lodges, Schools, Place of Employment, Hobbies, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pallbearers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Honorary Pallbearers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_