



*Lawton-Turso Funeral Home* John E. Lawton, Manager – NJ Lic #3905

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## Notice of Death / Death Certificate Information Form

Please complete this form and return to John E. Lawton at [johnelawton@gmail.com](mailto:johnelawton@gmail.com) to prepare death certificates.

1a. Legal Name of Decedent: \_\_\_\_\_  
(First, Middle, Last, Suffix)

1b. Also Known As (AKA), If any: \_\_\_\_\_  
(First, Middle, Last, Suffix)

2. Sex: \_\_\_\_\_ 3. Age: \_\_\_\_\_ 4. Height \_\_\_\_\_ 4b. Weight \_\_\_\_\_

5a. Date of Birth: \_\_\_\_\_ 5b. Birthplace (City/State, Foreign Country): \_\_\_\_\_

6.a Date of Death: \_\_\_\_\_ 6b. Place of Death (location for pickup) \_\_\_\_\_

7a. Residence State: \_\_\_\_\_ 7b. County \_\_\_\_\_ 7c. Municipality: \_\_\_\_\_

7d. Street Name and Number: \_\_\_\_\_ 7e. Apt No. \_\_\_\_\_

7f. Zip Code: \_\_\_\_\_ 7g. Inside City Limits? \_\_\_\_\_ (Yes/No)

8a. Ever in US Armed Forces (Yes/No): \_\_\_\_\_ 8b. If Yes, Name of War: \_\_\_\_\_

8c. War Service Branch and Dates (From/To): \_\_\_\_\_

9. Domestic Status at Time of Death (Single, Married, Divorced, Widow/er): \_\_\_\_\_

10. Name of Surviving Spouse/Partner (Full Legal Name): \_\_\_\_\_

11. Father's Name (First, Middle, Last): \_\_\_\_\_

12. Mother's Name Prior to First Marriage (First, Middle, Last): \_\_\_\_\_

13a. Name of Informant: \_\_\_\_\_

13b. Relationship to Decedent: \_\_\_\_\_

13c. Mailing Address of Informant (Street and Number, City, State, Zip Code):  
\_\_\_\_\_  
\_\_\_\_\_

13d. Informant Phone Number: \_\_\_\_\_ 13e. Email: \_\_\_\_\_

14. Method of Disposition: \_\_\_\_\_ (Burial, Cremation, Entombment, etc.)

15. Place of Disposition (Name of Cemetery, Crematory, or Other): \_\_\_\_\_

16. Location – City & State/Foreign Country: \_\_\_\_\_

17. Decedent Education Level: \_\_\_\_\_

18. Decedent of Hispanic Origin? (Yes/No): \_\_\_\_\_ 18b. If yes, nationality: \_\_\_\_\_

19. Decedent Race: \_\_\_\_\_ (American Indian or Alaska Native, Asian, Black or African American,  
Native Hawaiian or Other, Pacific Islander, White, Other)

20. Occupation of Decedent (Type of work done most of life, even if retired): \_\_\_\_\_

21. Kind of Business/Industry: \_\_\_\_\_

22. Name and Address of Last Employer: \_\_\_\_\_