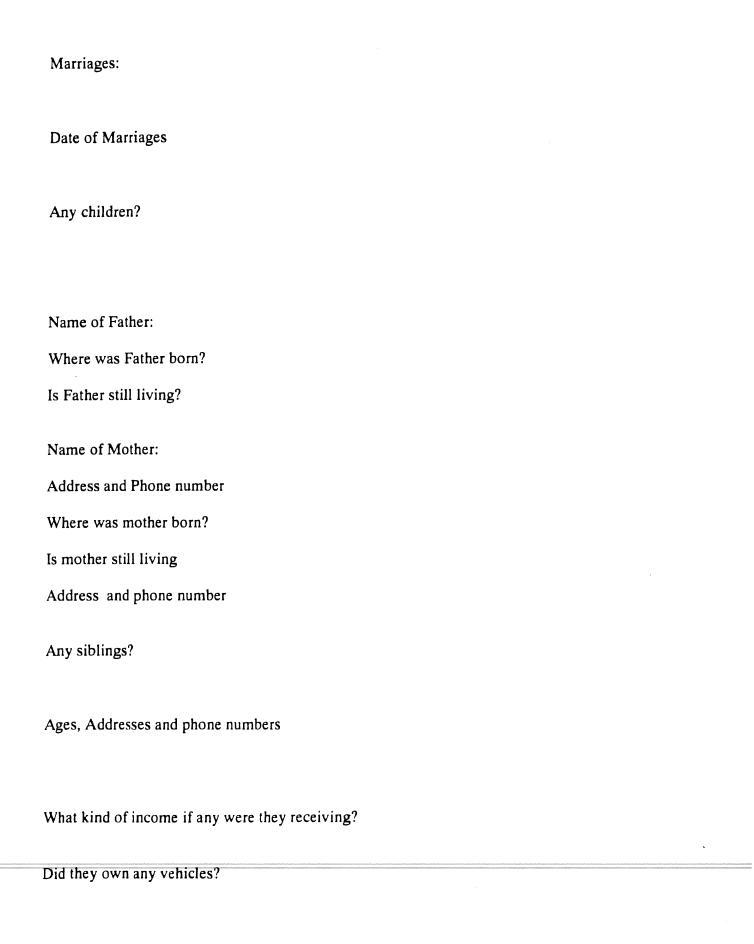
Date:		
В	Burial Questionnaire	
Date of referral:		
Who referred the case		
Location of the body:		
Name of deceased:		
Address:		
Previous Address:		
If in a nursing home when is admitted	ed date :	
Where did they come from:		
Social Security Number:		
Date of Birth:		
Place of Birth		
Date of Death:		
Location of Death		,
Diagnosis:		



Do they own any property?

Do they receive any royalties, rental income, etc.

Do they have any insurance?

Any Stocks and Bonds?

What kind of work did they do?

Religion

Military Service