Parker-White-Pruitt Funeral Home and Crematory Vital Statistics Worksheet

Phone 864-456-2412 or 864-369-2461 Fax 864-456-2408 or 864-369-2300 Email - ParkerWhitePruitt@gmail.com

Please complete this form which will serve as information for completion of the death certificate, social security notification, and other sources such as corners request for cremation permits.

After completing this form you may print it and or save it and fax or email it to us.

First Name	Middle Nam	Maiden Nan		ne		Last Na	Last Name		
Street Address		City			State		Zip		
Sex	Race		Marital Status			Citizenship Veteran		Veteran	
Birthplace - City	Birth	pplace – Count	y Birth – State			Date of Birth			
Father's Full Name	Mother's	Mother's Full Name (Maiden)							
Occupation	Employ	Employer			Marital Status				
Social Security Number	Spouse (If v	Spouse (If wife give Maiden)				Living(Y/N)			
Place of Death	City			Sta	ate Time of Death		e of Death		
Person Giving Information			Street Ad	dress					
City				State	State		Zip		
Comments									