



Tri-State Funeral Services, Inc.

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“Worthy of Your Trust”

Name: _____ Age: _____

Date of Death: _____ Time of Death _____

Vital Statistics

Deceased's Address		City/State/County	Zip
Place of Death		City/State/County	Zip
SEX	Race	Marital Status	Citizen: USA Other:
Birth Place – City/State/County			Date of Birth
Deceased's Father's Name			Deceased's Mother's MAIDEN Name
Deceased's Occupation – (Most of His/Her Life)			Kind of Business (Government/State, ETC)
Social Security Number			Branch of Military
Surviving Spouse (If Wife, Give her MAIDEN Name)			