

REPORTED TO \_\_\_\_\_

DATE: \_\_\_\_\_

**PUBLIC ADMINISTRATOR OF RICHMOND COUNTY NEW YORK**  
**REPORT OF DEATH**

1. **NAME OF DECEASED** \_\_\_\_\_

2. **MARITAL STATUS** \_\_\_\_\_ **NAME OF SPOUSE** \_\_\_\_\_ **ALIVE** \_\_\_\_\_

3. **LAST RESIDENCE**  
\_\_\_\_\_

4. **DETAILS OF RESIDENCE** --(Length of Time, Type, (IF NURSING HOME, ANY VISITORS ---- WHEN? OR POSSIBLE GUARDIAN?)  
\_\_\_\_\_  
\_\_\_\_\_

5. **DATE OF DEATH** \_\_\_\_\_ **PLACE OF DEATH** \_\_\_\_\_

6. **CAUSE OF DEATH** \_\_\_\_\_ **PD INVOLVED?** \_\_\_\_\_

7. **PERSON REPORTING DEATH** (Name, address, phone #, relationship, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

8. **NEXT OF KIN** (Name, Address, Phone #, relationship, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

9. **FATHER'S NAME** \_\_\_\_\_

10. **MOTHER'S NAME** \_\_\_\_\_

11. **SOCIAL SECURITY #** \_\_\_\_\_ **MEDICAID #** \_\_\_\_\_

12. **DATE AND PLACE OF BIRTH** \_\_\_\_\_

13. **OCCUPATION** \_\_\_\_\_

14. **VETERAN** (If yes, give details): \_\_\_\_\_

15. **RELIGION** \_\_\_\_\_ **RACE** \_\_\_\_\_

16. **FRIENDS** (Names, addresses, phone #'s)  
\_\_\_\_\_  
\_\_\_\_\_

17. **ASSETS** \_\_\_\_\_

18. **FUNERAL PRE-ARRANGEMENT** (Details):  
\_\_\_\_\_  
\_\_\_\_\_

19. **FUNERAL DIRECTOR ASSIGNED** (COST)  
\_\_\_\_\_  
\_\_\_\_\_

20. **COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_