



**DIOCESE OF MARBEL**  
**SAGRADA PAMILYA PARISH**  
 San Jose, City of Koronadal, South Cotabato



**Information Sheet for the Deceased**

Series no.: \_\_ \_\_ 80SANJOSE2022

<b>Name of Parish:</b>			
<b>GKK Address:</b>			
<b>Surname</b>		<b>First Name</b>	<b>Middle Name</b>
<b>Date of Birth</b>	<b>Place of Birth</b>		<b>Age</b>
<b>Date of Death</b>	<b>Religion</b>	<b>Citizenship</b>	
<b>Place of Death:</b> <i>(Name of hospital, clinic), street, Barangay</i> <span style="float:right"><i>Town/City</i> <i>Province</i></span>			
<b>Residence:</b> <i>House no., Street, Barangay</i> <span style="float:right"><i>Town/City</i> <i>Province</i></span>			
<b>Name of Father</b>		<b>Name of Mother</b>	
<b>Civil Status</b>	<b>Occupation</b>	<b>Sacraments Received:</b>	
<input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Baptism	
<input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <sup>st</sup> Communion	
<input type="checkbox"/> Others		<input type="checkbox"/> Confirmation	
		<input type="checkbox"/> Matrimony	
		<input type="checkbox"/> Holy Order	
		<input type="checkbox"/> Anointing of the Sick	
<b>Cause of Death:</b>			
a. Immediate Cause: _____			
b. Antecedent Cause: _____			
c. Underlying Cause: _____			
d. Other significant conditions contributing to death: _____			
<b>Death by non-natural causes:</b>			
a. Manner of Death:			
<input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Other specify:			
b. Place of Occurrence: <i>(home, farm, school, factory, street, etc.)</i> specify: _____			
<b>Corpse Disposal:</b>			
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Others specify: _____			
<b>Preferred Date for Burial</b>		<b>Preferred Place for Burial</b>	
<b>Minister:</b>			
<b>Informants:</b>			
<i>I, the undersigned certify that the given data above are accurate.</i>			
Name: _____			
Signature: _____			
Relationship to the deceased: _____			
Address: _____			
Contact Number: _____			
Date: _____			

For Parish Staff Only

Prepared by:

\_\_\_\_\_  
 Name of Parish Staff

\_\_\_\_\_  
 Date