



Bequeathal Authorization

Vital Statistics

Department of Anatomical Sciences and Neurobiology

Name (Last)				(First)				(Middle-not maiden)									
Present Street Address								Inside City Limits? Yes No									
City			County			State		Zip Code		Telephone Number							
Mailing Address (if different) (include City, State, and Zip Code)																	
Sex	Date of Birth		Birthplace (City, State, or Foreign Country)				Citizen of what country?			Last year served in Armed Forces?							
Race (Specify: White, Black, American				Are you of Hispanic Origin?				If yes, specify (Cuban, Mexican, etc.)									
				Yes No													
Usual Occupation (Do not use Retired)						Kind of Business/Industry											
Name of Father (first, middle, surname)						Name of Mother (first, middle, surname)											
Highest Grade Level Completed (Circle One)																	
Elementary				High School				College				Post Graduate					
0	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5+
Marital Status (Specify) Married Never Married Widowed Divorced																	
Name of Present Spouse (If wife, give first, middle and maiden name)																	
Name of Father (first, middle, surname)						Name of Mother (first, middle, surname)											
Name of Next of Kin						Relationship			Telephone Number								
Address of Next of Kin																	
Name of Secondary Contact						Relationship			Telephone Number								
Address of Secondary Contact																	

The information you provide us on this page will be used to file the necessary documents with the State upon your death. This would include such details as death certificates which will be prepared and filed by the department funeral director. Please be as thorough as possible, completing each blank. If a blank is not applicable to you, please put "N/A". All questions are asked on the Kentucky and/or Indiana death certificate.