

State file # _____

Amendment # _____

Report of Demographic Information for a Presumed Decedent

This form is used to establish supplemental demographic data for a presumed decedent whose death was issued under a decree of presumptive death by a Pennsylvania court. This form is to be completed by a surviving spouse (listed in the decree of presumptive death) or next of kin if no surviving spouse exists. Additional documentation to prove kinship may be required.

PART 1: INFORMANT'S INFORMATION

- I am the surviving spouse of the presumed decedent and am listed in the decree of presumptive death.
- I am next of kin to the presumed decedent. My relationship to the presumed decedent is: _____

My current legal name: _____
(First) (Middle) (Last) (Suffix)

Street: _____ Email address: _____

City: _____ State: _____ Zip code: _____ Daytime phone: _____

PART 2: PRESUMED DECEDENT'S INFORMATION PER THE DECREE OF PRESUMPTIVE DEATH

Decedent's legal name (first, middle, last, suffix)		Social Security number
Date of birth (MM/DD/YYYY)	Date of death (MM/DD/YYYY)	

PART 3: ADDITIONAL INFORMATION BEING REPORTED BY THE INFORMANT

Birthplace (city and state or foreign country)		Birthplace (county)
Father/parent's name (first, middle, last, suffix)		Mother/parent's name prior to first marriage (first, middle, last, suffix)
Did decedent live in a township? <input type="checkbox"/> Yes, decedent lived in _____ twp. <input type="checkbox"/> No, decedent lived in limits of _____ city/boro.		
Decedent's education – check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, Meng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)	Decedent of Hispanic origin – check the box that best describes whether the decedent is Spanish/Hispanic/Latino/Latina. Check the "No" box if decedent is not Spanish/Hispanic/Latino/Latina. <input type="checkbox"/> No, not Spanish/Hispanic/Latino/Latina <input type="checkbox"/> Mexican/Mexican American/Chicano/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino/Latina (specify) _____	Decedent's race – check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (specify) _____
Decedent's usual occupation – indicate type of work done during most of working life. DO NOT USE "RETIRED".		Kind of business/industry _____

PART 4: DOCUMENTARY EVIDENCE (REQUIRED)

The following documentary evidence must be submitted with this form.

- Certified decree of presumptive death issued from a Pennsylvania court of competent jurisdiction.
- Documentation to support kinship (such as the birth certificate of a child of the decedent). If a surviving spouse of the presumed decedent is completing this report, then this documentation is not required.

