

**WRONGFUL DEATH INFORMATION FORM**

(Attach additional pieces of paper to complete the answers)

Date of Death:
Decedent's Name:
Decedent's Date of Birth:
Decedent's S.S.N.:
Decedent's Height:
Decedent's Weight:
Decedent's Hair:
Decedent's Eyes:
Decedent's Spouse:
Spouse's Date of Birth:
Spouse's S.S.N.:
Spouse's Height:
Spouse's Weight:
Spouse's Hair:
Spouse's Eyes:
Decedent's Address:
Decedent's Home Phone:
Decedent's Work Phone:
Decedent's Children (Names, dates of birth, addresses):
Decedent's Employment Info:
Decedent's Personal & Professional Licenses:
Decedent's Banking Relationship(s):
Decedent's Civil Litigation:
Decedent's Criminal Litigation:
Decedent's Bankruptcy Filings:
Describe how the death occurred and why you think someone was at fault for the death:
Documents: Please send us: Death Certificate, Birth Certificate, Health care records, Police reports
Your name, address, phone, fax, email and relationship to Decedent:

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