

VITAL STATISTICS

(Required for Cremation Documentation & the Death Certificate, at time of need)

Name: _____

Legal Address: _____

Township: _____

Sex: _____ Race: _____

Hispanic Descent: Yes _____ No _____ If so, Country of Origin: _____

Marital Status: (Do not enter "Single") _____

Date of Birth: _____

Place of Birth: *(City and State)* _____

Social Security Number: _____

Occupation: *(Do not enter "Retired" or "Unemployed")* _____

Type of Industry: _____

Name & Place of Workplace: _____

Highest Level of Education: _____

Name of Spouse: *(including Maiden Name)* _____

Next of Kin: _____

Relationship: _____

Legal Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Father's Name: _____

Mother's Name & Maiden Last Name: _____

Pace Maker : Yes or No

Estimated Weight : _____ ****An oversized charge of \$200 for the cremation will apply if weight is 275 lbs and over****

Veteran: _____ Branch of Service: _____ Years of Service: _____ - _____

Please list any other Next of Kin: Full Name, Address, Phone number & Email