

VITAL STATISTICS

(Required Information for Cremation Documentation & Death Certificate of the Deceased)

Name: _____

Legal Address: _____

Township: _____

Sex: _____

Legal Marital Status – Circle One: Married Separated Widowed Divorced Never Married

Social Security Number: _____ Veteran: _____ Years of Service: _____ - _____

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

Father's Name: _____

Mother's Name & Maiden Last Name: _____

Date of Birth: _____

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

Race: _____

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

Highest Level of Education – Circle One: Less than 8th grade 9-12th Highschool/GED Diploma

Some College Associates Degree Bachelor's Degree Master's Degree Doctorate/Professional Degree

Job held for majority of life: _____

Type of Industry: _____

Name & Place of Workplace: _____

All the information below is in regards to the Next of Kin

Next of Kin: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Legal Address: _____

Estimated Weight: _____ Pace Maker: Yes or No

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