

AMERICAN CREMATION CERTIFICATE OF DEATH INFORMATION

Decedent's Name: (First, Middle, Last, Suffix)				Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth: (month/day/year)	Age Last Birthday	If Under 1 year:		If Under 1 day:	
	Years	Months	days	hours	minutes
Social Security Number:	Birthplace: (City and State or Foreign Country)			County of Death:	
Place of Death: (Check only one)					
Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival					
Non-Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other _____					
Facility Name: (if not institution, give street address)			City, Town or Location of Death:		Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: (specify)				Surviving Spouse's Name: (if wife, give maiden name)	
<input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married					
Residence – State:		County:		City, Town, or Location:	
Street Address:				Apt. No.	Zip Code
				Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Decedent's Usual Occupation: (Indicate type of work done during most of working life) (Do Not use "retired")				Kind of Business/Industry:	
Decedent's Race: (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified)					
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify Tribe)					
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify)					
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify)					
Decedent of Hispanic or Haitian Origin? (If yes, specify)					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian					
Decedent's Education: (Specify the decedent's highest degree or level of school completed at time of death)					Was Decedent ever in U.S. Armed Forces?
<input type="checkbox"/> 8 th or less <input type="checkbox"/> High School, but no diploma <input type="checkbox"/> High School Diploma or GED					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> College, but no degree <input type="checkbox"/> College Degree (specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate					
Father's Name: (First, Middle, Last, Suffix)			Mother's Name: (First, Middle, Maiden Surname)		
Informant's Name:			Relationship to Decedent:		
Informant's Street Address			City or Town	State	Zip Code
Place of Disposition: (Name of Cemetery, crematory, or other place)			Location - State		Location – City or Town
Contact Information - Phone:			Cell:		Other:
Certified Copies Requested With Cause:			Without Cause:		
Address to Send Certified Copies:			City	State	Zip Code
Approved:					
Please review carefully before approving this information. You will be responsible for any amendment fees and attorney/court costs necessary due to incorrect information listed on this form.					