

**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:		Date of Death: (month/day/year)
	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) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married				Surviving Spouse's Name: (if wife, give maiden name)		
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"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Central/South American	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 <sup>th</sup> 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	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.						