

TODAY'S DATE: \_\_\_\_\_

BURIAL: ( YES / NO ) CREMATION: ( YES / NO ) EMBALM: ( YES / NO ) SCIENCE CARE: ( YES / NO )

**~INFORMATION SHEET~**

**FULL LEGAL NAME:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Current Age:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth (City/State):** \_\_\_\_\_

**Current Physical Address:**

**Street:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Inside The City Limits:**  YES  NO

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**Veteran:**  YES  NO **Branch** \_\_\_\_\_ **DD214:**  YES  NO **Honors:**  YES  NO

**Present Flag To: Relation** \_\_\_\_\_ **Name:** \_\_\_\_\_

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**Father's Full Name:** \_\_\_\_\_

**Mother's Full Name (Include Maiden Name):** \_\_\_\_\_

**Marital Status:** Never Married    Divorced    Widowed    Married    Married but Legally Separated    Unknown

**Spouse's Name (Include Maiden Name):** \_\_\_\_\_  Living  Deceased

**Highest Level Of Education:** \_\_\_\_\_ **Diploma:** \_\_\_\_\_ **From:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Type Of Industry:** \_\_\_\_\_

**Hispanic Origin:** NO    MEXICAN/MEX AMER/CHICANO    PUERTO RICAN    CUBAN    OTHER \_\_\_\_\_

**Race:** WHITE    BLACK/AFRICAN AMER    AMER INDIAN/ALASKA NATIVE    ASIAN INDIAN    CHINESE    FILIPINO    JAPANESE    KORIAN    VIETNAMESE

OTHER \_\_\_\_\_

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**Next of Kin's Full Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Address (physical):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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**Physician:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Hospice Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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**Number of Death Certificates:** \_\_\_\_\_ **Veterans receive one free Death Certificate. DC's are \$15/each**

**Special Instructions:** \_\_\_\_\_

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