

**Unofficial Death Record
Emmick Family Funeral Home**

***Note:** This unofficial abstract possesses no legal validity & is used solely to ensure accuracy of vital statistic information that we need to gather, type, & file with the county to receive the permit required for disposition. Certified copies of death certificates will only be furnished upon the most responsible party's approval. Your signature, below, releases the funeral home of any legal or financial liability that may arise given the invalidity of the information we collect.

Full Legal Name	First Name	Middle	Last	Suffix	Date of Passing	Time(24 hrs)
------------------------	-------------------	---------------	-------------	---------------	------------------------	---------------------

Aliases (Other Names or Name Variations; A.K.A.s)	Gender	Age	Social Security Number	County of Passing
--	---------------	------------	-------------------------------	--------------------------

Date of Birth	Birth Place (City or Town, County, State or Province, & Country)	Highest Level of Education (Degree or Grade)
----------------------	---	---

Are They of Any Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Their Race(s) (i.e. Chinese, White, Guatemalan, & Etc.)	Time Served in the U.S. Armed Forces? (If So, What Branch?)
---	--	--

Place of Residence (Number & Street, City or Town, State, Zip Code, County, & Country; A More Long-Term Address Can be Used)	Is this Address within the City's Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Est. Time at Residence	Tribal Reservation Name (If App.)	Marital Status (Most Recent)	Surviving Spouse's Full Name (Maiden Name Required)
-------------------------------	--	-------------------------------------	--

Usual Occupation (Their Usual Occupation Prior to Retirement)	Type of Business or Industry (A Company's Name Cannot Be On The Official Record)
--	---

Father's Full Name (First, Middle, & Last Name)	Mother's Full Name (First, Middle, & Last Name Prior to 1st Marriage; Maiden)
--	---

Informant's Full Name (Name of Signatory)	Relationship	Address (Street/P.O.Box, City/Town, State/Province, Zip, & Country, if Foreign)
--	---------------------	--

Place of Passing, if a Hospital (i.e. Hospital Emergency Room Inpatient, & Etc.)	Place of Passing, if Elsewhere (i.e. Residence, Nursing Home, & Etc.)
---	--

Facility's Name (If Passing Occurred Elsewhere, Give Street Name & Number, or Approx. Coordinates)	City or Town	State WA	Zip Code
---	---------------------	--------------------	-----------------

Method of Arrangements (i.e. Cremation, Burial, & Etc.)	Place of Chosen Arrangements (i.e. Crematory, Cemetery, & Etc.)	City & State
--	--	-------------------------

Name & Complete Address of Funeral Home <i>Emmick Family Funeral Services, 3243 California Avenue Southwest, Seattle, Washington 98116</i>	Date of Chosen Arrangements (Subject to Change)
--	--

The Information Above is True & Correct to the Best of your Knowledge Signed: X	Dated:
--	---------------

Our Primary Point of Contact's Phone Number(s)	E-mail Address (If Available)
---	--------------------------------------

Contact Info & Title of Certifier (Who will complete Cause of Death; i.e. Physician, & Etc.)	Medical Examiner's/ Coroner's Case Number (If Applicable)
---	--

In service to you and yours during your time of need, our staff is honored to facilitate the acquisition of however many certified copies you may need, now or in the future. We truly appreciate your patience, as they may take up to 15 business days to arrive once all information is filed and we are able to place the order.

Notes:
