

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

Veteran: YES NO **Branch** _____ **DD214:** YES NO **Honors:** YES NO

Present Flag To: Relation _____ **Name:** _____

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 _____

Next of Kin's Full Name: _____ **Phone Number:** _____

Relationship: _____ **Address (physical):** _____

Mailing Address: _____

Physician: _____ **Phone Number:** _____

Address: _____

Hospice Name: _____ **Phone Number:** _____

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

Special Instructions: _____
