

Decedent's Personal Information:

First Name:	Middle Name:	Last Name:	**A court order may be required to correct Decedent's Name once the Death Certificate has been filed IF THE CORRECTION CHANGES THE PRONUNCIATION**
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Date of Death:	Hour:	County:	City:
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Place of Death (Residence, Name of Hospital/Facility, etc.)	Inpatient (Y or N):	ER (Y or N):	CCCO Case #:
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Sex (M or F):	Race:	Hispanic Origin (Y or N):	If "Yes", Specify:	Age:	Date of Birth:
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State of Birth (If born in Canada, give Province. Otherwise, give the name of the Country of Birth):	Citizen of Which Country:	Education (# of Years):
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Social Security #:	Marital Status (Married, Widowed, Divorced, Never Married):	**A COURT ORDER MAY BE REQUIRED to correct Marital Status AFTER the Death Certificate has been filed**	Surviving Spouse's Name (If wife, give MAIDEN name):
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Decedent's Occupation:	Industry:	***Retired is NOT ACCEPTED and will be printed as "Unknown/Not Classifiable"
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Decedent's PHYSICAL Residence:

Street & Number:

City:	County:	State/Province:	ZIP Code:
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Decedent's Father's Name (even if he is deceased):	Decedent's Mother's MAIDEN Name (even if she is deceased):
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Is Decedent a Veteran (Y or N)?	If "YES", Can You Provide Discharge Paperwork (Y or N)?	**Flags can be picked up at any US Post Office with completion of a Flag Form. Desert Memorial only provides flags for Church or Chapel service arranged with us.**
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Informant's Information:

Informant's Name:	Relationship to Decedent:
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MAILING Address:	Street/PO Box:	Phone/Email:	H	F
	City:		W	E
	State/ZIP:		C	Other:

Number of Death Certificates Paid for:	Mail Death Certificates to:	Informant (X):	Funeral Home(X) :	Insurance (X):	Other:
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Special Instructions:

Decedent's Disposition:

Mark the Correct Disposition with an "X"

Cremation:	Burial:	Removal/Burial:	Removal/Cremation:	Anatomical Donation/Cremation:
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Cemetery/Crematory Name:	Cemetery/Crematory City:	Cemetery/Crematory State/Country:
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"I have reviewed all the information on this form and it is correct and satisfactory. I understand this information will be used to produce a Death Certificate. By signing/filling in my name below and emailing/giving this document to Desert Memorial, I accept responsibility for any payment required to secure an Affidavit for Correction from the State of Nevada to correct the original Death Certificate.

Signature:

How were you referred to Desert Memorial? (Y or N)	Internet (Google, Facebook, etc.):
	Yellow Pages:
	Review Journal Ad:
	Review Journal Obit Page:
	Hospital/Hospice List:
	Family Member or Friend We Assisted in the Past:

Other:
