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239-542-2135

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e-mail: wecare@leecountycremation.com

VITAL STATISTICS

FULL LEGAL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ CITY & STATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: ____/____/____

MARITAL STATUS : Married Married, But Separated Widowed Divorced Never Married

SPOUSE (MAIDEN NAME): _____

DECEDENTS OCCUPATION: (Cannot be retired) _____ INDUSTRY: _____

DECEDENTS FATHERS NAME: (First, Middle Last, Suffix) _____

DECEDENTS MOTHERS NAME (First, Middle, MAIDEN name): _____

EDUCATION: 8th or less High School But No Diploma High School Diploma or GED

College But No Degree College Degree (Specify) Associate Bachelors Masters Doctorate

RACE: _____

DECEDENT OF HISPANIC OR HAITIAN ORIGIN? Yes (If Yes Specify) _____

VETERAN: Yes, No

NUMBER OF CERTIFIED DEATH CERTIFICATES TO ORDER:

____ # WITH CAUSE OF DEATH

____ # WITHOUT CAUSE OF DEATH.

IMMEDIATE NEXT OF KIN

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME TELEPHONE: ____/____/____ CELL TELEPHONE: ____/____/____

EMAIL ADDRESS: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME TELEPHONE: ____/____/____ CELL TELEPHONE: ____/____/____

EMAIL ADDRESS: _____