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## 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): \_\_\_\_\_

OCCUPATION: (Cannot be retired) \_\_\_\_\_ INDUSTRY: \_\_\_\_\_

FATHERS NAME: (First, Middle Last, Suffix) \_\_\_\_\_

MOTHERS NAME (First, Middle, MAIDEN name): \_\_\_\_\_

EDUCATION:  8<sup>th</sup> 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

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EMAIL ADDRESS: \_\_\_\_\_