

# Vital Information

The following information will be used for completion of all legal documents. Including, but not limited to, certified death certificates, cremation permits, social security notification and veteran claim forms.

## Decedent Information (Person Whom Arrangements are For)

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First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Maiden Name (If applicable) \_\_\_\_\_  
Sex \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Is the above address inside the City Limits? \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Birth Place (City and State OR Foreign Country) \_\_\_\_\_  
Social Security Number \_\_\_\_\_

## Race/Ethnicity

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Was the decedent of Hispanic/Latin/Spanish descent? \_\_\_\_\_  
Other Hispanic/Latin/Spanish Race \_\_\_\_\_

## Background Information

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Education \_\_\_\_\_  
Usual Occupation (Do not put retired or self-employed) \_\_\_\_\_  
Type of Business \_\_\_\_\_  
US Military Service \_\_\_\_\_  
Branch of service \_\_\_\_\_

## Spouse and Parent Information

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Marital Status \_\_\_\_\_  
Name of Spouse - if Applicable (include Maiden Name) \_\_\_\_\_  
Father's Full Name \_\_\_\_\_  
Mother's Full Name (Include Maiden) \_\_\_\_\_

## Death Information

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Date of Death \_\_\_\_\_  
Time of Death (if available) \_\_\_\_\_  
Place of Death \_\_\_\_\_  
City and State where Death Occurred \_\_\_\_\_

## Disposition Preference (of cremated remains)

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### Next of Kin/Informant Information

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Your Full Name

Relationship to Deceased

Your Phone Number

Your Email Address

Your Street Address

City

State

Zip

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