

## Cremation Options - Death Certificate Information

INFORMATION ABOUT THE DEATH	Name of Deceased		Social Security Number	
	Date of Death	Time of Death (24hr)		<b>Facility Type</b> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER / Outpatient <input type="checkbox"/> Dead On Arrival NON-HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify): _____
	Facility or Place of Death (if not institution, give street address)			
	City of Death	City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	County of Death	
Date of Birth		Place of Birth (City, State or Foreign Country)		
Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Veteran ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service (if Veteran)	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married				
Surviving Spouse (First, Middle, Maiden)		(NOTE: Florida law now requires a court order to amend the Surviving Spouse's name on a death certificate.)		
<b>Decedent's Race or Races (More than one race may be specified)</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl (specify) <input type="checkbox"/> Other (Specify) _____				
Of Hispanic or Haitian origin? <input type="checkbox"/> Yes (if Yes, specify) <input type="checkbox"/> No		<input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Haitian		
Education: <input type="checkbox"/> 8th or less <input type="checkbox"/> High School, no diploma <input type="checkbox"/> High School diploma or GED <input type="checkbox"/> College, but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate				
Decedent's Occupation (Kind of work done the longest)		Industry (Description - No Company Names)		
Father's Name (First, Middle, Last)		Mother's Name (First, Middle, Maiden Surname)		
Decedent's Last Legal Residence Address (Street Address - No PO Box)			Apt No.	City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Decedent's City of Residence		Decedent's County of Residence		
State	Zip Code	(NOTE: In the case of patients in a nursing or convalescent home, the place where the deceased lived prior to admission should be used.)		
Contact Name (Person Providing this Information)			Relationship to Decedent	
Contact Mailing Address (Street, City, State, Zip Code)				
Contact Information (Telephone, Cell Phone, etc)				
Certified Copies Requested	With Cause	Without Cause	Address to Send Certified Copies	

Approved: \_\_\_\_\_

Please review carefully before approving this information. You will be responsible for any amendment fees and attorney/court costs necessary due to incorrect information listed on this form.