

Beach Cities

CREMATION SOCIETY

500 E. Imperial Ste. B El Segundo, CA 90245 - 310.640.9475 - Fax. 310.640.0778
Info@BeachCitiesCremationSociety.com FD2093

Print this form, fill in the death certificate information and fax it to
(All questions must be answered. If you do not know the answer, simply write *Unknown* in the space)

1. Name of the **Deceased**:

First Name: _____ Middle: _____ Last: _____

2. Did the **Deceased** go by any other name?

AKA (Also Know As) - If yes, include full name - If no, leave blank _____

3. **Deceased's** date of death: _____ Age: _____ Sex: _____ **Weight:** _____

4. **Deceased's** date of birth _____ State or Foreign Country of Birth: _____

5. Social Security Number of the **Deceased**: _____

6. Was the **Deceased** Ever in the U.S. Armed Forces? _____

7. What is the **Deceased's** marital status? ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. What is the highest level/degree of education obtained by the **Deceased**? _____
(7th Grade, High School, AA, BA, PhD)

9. What is the **Deceased's** race? You may enter up to three races.

10. If Race is other, please specify: _____

11. If Race is American Indian, please specify Tribe (s): _____

12. What was the **Deceased's** usual occupation?

The type of work done for most of his/her life. **Do not use RETIRED.** _____

13. What kind of business or industry did the **Deceased** work in?

(e.g., Grocery store, road construction, employment agency, ect) _____

14. How many years did the **Deceased** work in this occupation? _____

15. Where is the **Decedent's** residence? (Physical address. No P.O. Boxes please.)

Address: _____

City: _____ County/Province: _____ State: _____ Zip: _____

16. How many years did the **Deceased** live in the County/Province? (Total number of years) _____

17. What is the name of the person providing this information?

First Name: _____ Middle: _____ Last: _____

18. What is the informant's Relationship to the **Deceased**? _____

19. What is the Mailing address of the person providing this information?

(street and number or rural route number, city, or town, state, ZIP)

Address: _____

City: _____ County/Province: _____

State: _____ Zip Code: _____

Phone Number: _____ Other Phone: _____

20. What is the name of the **Deceased's** Spouse? (*If married*)

First Name: _____ Middle: _____ Last (Maiden Name): _____

21. What is the **Deceased's** Father's Name?

First Name: _____ Middle: _____ Last: _____

22. What state/foreign country was the **Deceased's** father born in? _____

23. What is the **Deceased's** Mother's Name?

First Name: _____ Middle: _____ Last (Maiden Name): _____

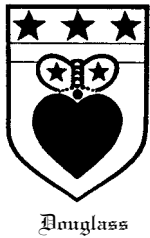
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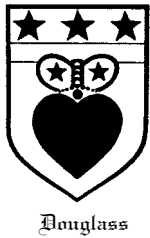
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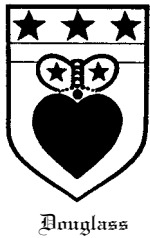
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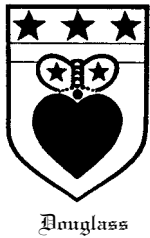
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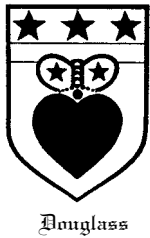
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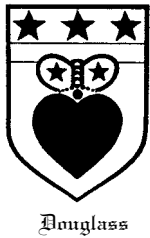
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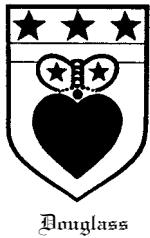
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23. What is the **Deceased's** Mothers Name?

First Name: _____ Middle: _____ Last (Maiden Name): _____

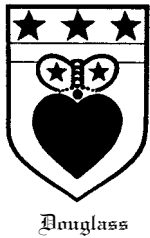
24. What state/foreign country was the **Deceased's** mother born in? _____

25. Where is the **Deceased's** final place of disposition going to be?

If the remains are to be buried please put down the name and location of the cemetery. In the case of cremation, if the remains are going to a personal residents, please put down the name of the person in charge of the cremated remains and their address. If the cremated remains are going to be scattered, please put down the place were the scattering will take place.

To the best of my knowledge, the information on this page is correct and accurate:

Signature of the person providing this information: _____



Beach Cities

CREMATION SOCIETY

500 E. Imperial Ste. B El Segundo, CA 90245 - 310.640.9475 - Fax. 310.640.0778
Liz@BeachCitiesCremationSociety.com FD2093

Print this form, fill in the death certificate information and fax it to
(All questions must be answered. If you do not know the answer, simply write *Unknown* in the space)

1. Name of the **Deceased**:

First Name: _____ Middle: _____ Last: _____

2. Did the **Deceased** go by any other name?

AKA (Also Know As) - If yes, include full name - If no, leave blank _____

3. **Deceased's** date of death: _____ Age: _____ Sex: _____ **Weight:** _____

4. **Deceased's** date of birth _____ State or Foreign Country of Birth: _____

5. Social Security Number of the **Deceased**: _____

6. Was the **Deceased** Ever in the U.S. Armed Forces? _____

7. What is the **Deceased's** marital status? ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. What is the highest level/degree of education obtained by the **Deceased**? _____
(7th Grade, High School, AA, BA, PhD)

9. What is the **Deceased's** race? You may enter up to three races.

10. If Race is other, please specify: _____

11. If Race is American Indian, please specify Tribe (s): _____

12. What was the **Deceased's** usual occupation?

The type of work done for most of his/her life. **Do not use RETIRED.** _____

13. What kind of business or industry did the **Deceased** work in?

(e.g., Grocery store, road construction, employment agency, ect) _____

14. How many years did the **Deceased** work in this occupation? _____

15. Where is the **Decedent's** residence? (Physical address. No P.O. Boxes please.)

Address: _____

City: _____ County/Province: _____ State: _____ Zip: _____

16. How many years did the **Deceased** live in the County/Province? (Total number of years) _____

17. What is the name of the person providing this information?

First Name: _____ Middle: _____ Last: _____

18. What is the informant's Relationship to the **Deceased**? _____

19. What is the Mailing address of the person providing this information?

(street and number or rural route number, city, or town, state, ZIP)

Address: _____

City: _____ County/Province: _____

State: _____ Zip Code: _____

Phone Number: _____ Other Phone: _____

20. What is the name of the **Deceased's** Spouse? (*If married*)

First Name: _____ Middle: _____ Last (Maiden Name): _____

21. What is the **Deceased's** Father's Name?

First Name: _____ Middle: _____ Last: _____

22. What state/foreign country was the **Deceased's** father born in? _____

23. What is the **Deceased's** Mother's Name?

First Name: _____ Middle: _____ Last (Maiden Name): _____

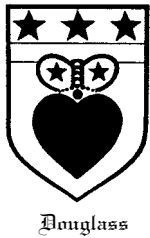
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25. Where is the **Deceased's** final place of disposition going to be?

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17. What is the name of the person providing this information?

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State: _____ Zip Code: _____

Phone Number: _____ Other Phone: _____

20. What is the name of the **Deceased's** Spouse? (*If married*)

First Name: _____ Middle: _____ Last (Maiden Name): _____

21. What is the **Deceased's** Father's Name?

First Name: _____ Middle: _____ Last: _____

22. What state/foreign country was the **Deceased's** father born in? _____

23. What is the **Deceased's** Mother's Name?

First Name: _____ Middle: _____ Last (Maiden Name): _____

24. What state/foreign country was the **Deceased's** mother born in? _____

25. Where is the **Deceased's** final place of disposition going to be?

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