Sunrise
CREMATIONS AND FUNERALS

The Bureau of Vital Statistics in the State of Ohio requires the following information.
Please fill in the form and bring it with you when you come to complete the arrangements.

Legal Name: _____ **Age**: _____ **Male** or **Female**

Social Security Number: _____ **Date of Death**: _____

Time of Death: _____ **Place of Death**:_____ **Co.**: _____

Date of Birth: _____ **City/State of Birth**: _____

Decedent's Address: _____**City**:_____

State: _____ **Zip Code**: _____ **Inside City Limits**: YES or NO

Marital Status: Married Widowed Divorced Never Married Married, but Separated Unknown

Name of surviving spouse before first marriage: _____(_____)

Highest Level of Education: (*Please Circle One)*

8th Grade or Less 9th-12th-No Diploma High School Grad or GED

Some College but No Degree Associate Degree Bachelors Degree

Masters Degree Doctorate Degree or Professional Degree Unknown

Hispanic Origin: YES or NO **If yes, please specify**: _____

Race: _____ **Ethnicity**: (For Michigan deaths) _____

Occupation: _____ **Type of Industry**: _____

Veteran: YES or NO **Branch**: _____

Father's Name: _____

Mother's Name before first marriage: _____(_____)

Name of person providing Information: _____

Relationship: _____ **Phone Number**: _____

Address: _____

City: _____**State**: _____ **Zip Code**: _____

Email Address: _____