



**Westchester-Fairfield**  
CREMATION

72 East Main Street  
Elmsford, NY 10523  
(914) 821-6151

## Vital Statistics (Please complete in its entirety)

Name of Deceased: \_\_\_\_\_

Current Location: \_\_\_\_\_

Full Legal Residence: \_\_\_\_\_

Social Security: \_\_\_\_\_

Highest Level of Education: ☐ <8th grade ☐ Associate's Degree  
☐ 9th-12th grade, No Diploma ☐ Bachelor's Degree  
☐ High School Graduate/GED ☐ Master's Degree  
☐ Some College Credit, No Degree ☐ Doctorate/Professional Degree

Veteran: ☐ Yes or ☐ No (Specify Years and Branch): \_\_\_\_\_

Sex: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Marital Status: ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Date of Birth: \_\_\_\_\_

Usual Occupation (Retired not acceptable): \_\_\_\_\_

Industry: \_\_\_\_\_

Name of Last Employer & Location (Prior to Retirement): \_\_\_\_\_

Birthplace: \_\_\_\_\_

Place of Burial: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's First and Maiden Last Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ If Wife; Maiden Name (Prior to first marriage): \_\_\_\_\_

### PRIMARY INFORMANT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Immediate Family Members + Relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_