

616 South Wells Avenue, Reno, NV 89502 Phone (775) 324-4611 Fax (775) 324-9986

www.truckeemeadowscremation.com

Name:		Age:	
Date of Death:	Hour:	Doctor:	
Vital Statistics			
Deceased's Address	City – Si	tate – Zip	County
Place of Death	City – State – Zip		County
Sex Male Female	Race – Ethnicity	Marital Status	Citizen
Birthplace		Date of Birth	
Occupation (Please don't put retired)		Industry	
Social Security Number	Surviving Spouse (If wife, give Maiden	,	
Veteran Yes No	Would you like a flag? Yes No	Branch of Military	☐ Yes ☐ No
Father's Name (First – Middle – Last)		Mother's Name (First – Mi	iddle – Maiden)
Decedent's Highest Education	Decedent's # of Years in School	Decedent's Degree	
Informant's Name	Informant's Address	Ci	ty – State – Zip Informant's Phone Number
Informant's Relationship to Decedent Hosp	pice	Cemetery	•
Number of Death Certificat	tes:	Final Disposition	: Cremation Burial