



# Landmark Funeral Home

4200 Hollywood Blvd, Hollywood, FL 33021 | 954-989-8220 | fax: 954-989-8599 | [www.Landmarkfuneralhome.com](http://www.Landmarkfuneralhome.com)

## Vital Statistic Information

*THIS INFORMATION PROVIDED TO US ON THIS DOCUMENT WILL BE THE INFORMATION USED TO SUBMIT TO THE STATE FOR THE DEATH CERTIFICATE. PLEASE BE SURE ALL INFORMATION IS CORRECT. THANK YOU*

Decedents' Name:(First, Middle, Last)		Suffix:	
Aliases or "also known as" (AKA) (Names of the decedent in addition to the decedent's name of record)		*Aliases shall be entered on the face of the death certificate in the space provided for name if there is sufficient space	
Sex:	Date of Birth:	Age:	
Date of Death:	Time Of Death:	Social Security No.:	
Place Of Birth:(City & State or Foreign Country)			
Decedent's Legal Address:			
City:	State:	Zip code:	County:
Place of Death:      HOSPITAL:      Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> (Check only one) NON-HOSPITAL:      Hospice Facility <input type="checkbox"/> Nursing Home/ Long Term Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
Name of Facility Death Occurred (If Not Institution, provide Street address)			
City:	State:	Zip Code:	County:
Marital Status at time of Death: Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/>		Surviving Spouse Name and Maiden Name: (If married)	
Decedent's Occupation: (Do NOT use Retired)		Kind of Business or Industry of Occupation:	

<b>Decedent's Race:</b> (More than one may be checked)    White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/ Native Alaskan Native <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 Specific <input type="checkbox"/>			
Native Hawaiian <input type="checkbox"/> Other Pacific Island <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
<b>Is The Decedent Hispanic or Haitian Origin?</b>		<b>If "YES" Specify:</b> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/>	
		Other Hispanic <input type="checkbox"/> Specify: _____	
<b>Decedent's Highest Level of Education:</b> 8 <sup>th</sup> Grade or Less <input type="checkbox"/> High School, but no Diploma <input type="checkbox"/>			
High School Diploma or GED <input type="checkbox"/> College but no Degree <input type="checkbox"/> College Degree <input type="checkbox"/>			
<b>If College Degree was chosen, Please Specify:</b> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/>			
<b>Was Decedent in the U.S. Armed Forces?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" What Branch?			
<b>Decedent's Father's Name:</b> (First, Middle, Last)		<b>Decedents Mother's Name:</b> (First, Middle, Last-Maiden Name)	
<b>Decedent's Son(s):</b>			
<b>Decedent's Daughter(s):</b>			
<b>Decedent's Brother(s):</b>			
<b>Decedent's Sister(s):</b>			
<b>Decedent's Grand-Child(ren):</b>			
<b>Decedent's Great Grandchild(ren):</b>			
<b>Informant's Name:</b> (First, Middle, Last)			
<b>Relationship to Deceased:</b>		<b>Telephone No.</b>	
		<b>Email:</b>	
<b>Informant's Address</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip Code:</b>	
		<b>County:</b>	
<b>Type of Requested Disposition:</b> (Burial, Cremation, Entombment, Green Burial, Donation)			
<b>Number Of Death Certificates:</b> How many with and without Cause of Death		<b>With Cause of Death:</b>	
		<b>Without Cause of Death:</b>	

