

VITAL INFORMATION FOR DEATH CERTIFICATE

1-NAME OF DECEDANT (FIRST)		2-MIDDLE			3-LAST (FAMILY)		
AKA, ALSO KNOWN AS (FIRST, MIDDLE, LAST)		4-DATE OF BIRTH MM/DD/YEAR	5-AGE	IF UNDER 1 MONTHS DAYS		IF UNDER 24 HRS HOURS DAYS	
9-BIRTH STATE / FOREIGN COUNTRY		10-SOCIAL SECURITY NUMBER		11-ARMED FORCES		7-DATE OF DEATH MM/DD/YEAR	
13-EDUCATION-HIGHEST LEVEL		14-WAS DECENDENT HISPANIC/LATINO/SPANISH		YES	NO	UNKNOWN	16-DECEDENT'S RACE-UP TO 3 RACES
		YES	NO				
17-USUAL OCCUPATION-TYPE OF WORK FOR MOST OF LIFE		18-KIND OF BUSINESS OR INDUSTRY			19-YEARS IN OCCUPATION		
20-DECEDENT'S RESIDENCE {STREET AND NUMBER. OR LOCATION}							
21-CITY	22-COUNTY/PROVINCE	23-ZIP CODE		24-YEARS IN COUNTY		25-STATE / FOREIGN COUNTY	
26-INFORMANT'S NAME, RELATIONSHIP				27-INFORMANT'S MAILING ADDRESS (STREET AND NUMBER, CITY, STATE, AND ZIP CODE)			
INFORMANT PHONE NUMBERS				CELL NUMBER			
28. NAME OF SURVIVING SPOUSE (FIRST)		29.MIDDLE			30. LAST (BIRTH NAME)		
31-NAME OF FATHER (FIRST)		32-MIDDLE		33-LAST		34-BIRTH STATE	
35-NAME OF MOTHER/ PARENT (FIRST)		36-MIDDLE		37-LAST		38-BIRTH STATE	
39-DISPOSITION DATE MM/DD/YEAR				40-PLACE OF FINAL DISPOSITION			
41-TYPE OF FINAL DISPOSITION		APPROXIMATE WEIGHT			APPROXIMATE HEIGHT		
MEDICAL STORY							
PLACE OF DEATH (RESIDENCE, HOSPICE, NURSING HOME) IF CORONER INCLUDE #				ADDRESS {STREET AND NUMBER}			
CITY	COUNTY	ZIP CODE		PHONE		FAX NUMBER	
DOCTOR'S NAME				DOCTOR'S NUMBER		FAX NUMBER	
I hereby acknowledge that a Death Certificate is a legal document that requires accurate personal information of a deceased. Moreover, under the penalty of perjury, I state that the information provided to JMJ Cremation on this document used for the filling of a Death Certificate is correct. By signing this waiver form, I am agreeing that any claims against JMJ Cremation concerning to any possible error found in the information used to fill the Death Certificate is not responsibility of JMJ Cremation . Holding, JMJ Cremation harmless of any legal or: financial obligation whatsoever.							
Name of Next of Kin		Relationship to the Deceased			Date		

