

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 <small>MM/DD/YEAR</small>		5-AGE		IF UNDER 1 <small>MONTHS DAYS</small>		IF UNDER 24 HRS <small>HOURS DAYS</small>		6-SEX		
9-BIRTH STATE / FOREIGN COUNTRY			10-SOCIAL SECURITY NUMBER			11-ARMED FORCES			7-DATE OF DEATH <small>MM/DD/YEAR</small>		8-HOUR (24 HRS)		
13-EDUCATION-HIGHEST LEVEL			14-WAS DECEDENT 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 COUNTRY		
26-INFORMANT'S NAME, RELATIONSHIP						27-INFORMANT'S MAILING ADDRESS <small>{STREET AND NUMBER, CITY, STATE, AND ZIP CODE}</small>							
INFORMANT PHONE NUMBERS						CELL NUMBER							
28. NAME 9F SURVIVING SPOUSE (FIRST)				29.MIDDLE				30. IAST (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 <small>MM/DD/YEAR</small>						40-PLACE OF FINAL DISPOSITION							
41-TYPE OF FINAL DISPOSITION				APPROXIMATE WEIGHT				APPROXIMATE HEIGHT					
MEDICAL STORY													
PLACE OF DEATH <small>(RESIDENCE, HOSPICE, NURSING HOME)</small> IF CORONER INCLUDE #						ADDRESS (STREET AND NUMBER)							
CITY		COUNTY			ZIP CODE			PHONE			FAX NUMBER		
DOCTOR'S NAME						DOCTOR'S NUMBER			FAX NUMBER				
<p>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.</p>													
Name of Next of Kin				Relationship to the Deceased				Date					

