

An Lac Funeral Services - Vital Information Form

(REQUIRED FOR NON-MEDICAL PORTION OF DEATH CERTIFICATE)

**PLEASE TYPE OR PRINT CLEARLY**

1. NAME OF DECEDENT-FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
4. AKA, ALSO KNOWN AS - INCLUDE FULL FIRST, MIDDLE, LAST			5. DATE OF BIRTH		6. SEX
7. DATE OF DEATH		8. HOUR		9. BIRTH STATE/ FOREIGN COUNTRY	
10. SOCIAL SECURITY NUMBER			11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		
12. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CA. REG. DOM. PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN					
13. EDUCATION (HIGHEST LEVEL OR DEGREE COMPLETED) PLEASE CHECK ONE <input type="checkbox"/> 0 (DID NOT COMPLETE ONE YEAR) <input type="checkbox"/> (GRADES 1-11) _____ GRADE <input type="checkbox"/> GRADE 12, NO DIPLOMA <input type="checkbox"/> H.S. DIPLOMA/ G.E.D. <input type="checkbox"/> SOME COLLEGE (NO DEGREE) <input type="checkbox"/> ASSOCIATE (e.g., AA, AS) <input type="checkbox"/> BACHELOR'S (e.g., BA, AB, BS) <input type="checkbox"/> MASTER'S (e.g., MA, MS, MEng, MEd, MBA) <input type="checkbox"/> DOCTORATE OR PROFESSIONAL (e.g., PhD)					
14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? IF YES, PLEASE INDICATE <input type="checkbox"/> YES _____ <input type="checkbox"/> NO			15. DECEDENT'S RACE - UP TO 3 RACES MAY BE LISTED		
16. USUAL OCCUPATION FOR MOST OF LIFE DO NOT USE RETIRED OR UNEMPLOYED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real estate, etc)		18. YEARS IN OCCUPATION	
19. DECEDENT'S RESIDENCE (STREET AND NUMBER OR LOCATION)					
20. CITY		21. COUNTY/PROVINCE		22. ZIP CODE	
23. YEARS IN COUNTY		24. STATE/FOREIGN COUNTRY			
25. INFORMANT'S NAME		26. INFORMANT'S RELATIONSHIP		27. INFORMANT'S CONTACT NUMBER (WITH AREA CODE)	
28. INFORMANT'S MAILING ADDRESS (STREET AND NUMBER LOCATION)			29. INFORMANT'S CITY, STATE AND ZIP		
30. NAME OF SURVIVING SPOUSE/SRDP-FIRST		31. MIDDLE		32. LAST (MAIDEN NAME)	
33. NAME OF DECEDENT'S FATHER - FIRST		34. MIDDLE		35. LAST	
36. BIRTH STATE		37. NAME OF DECEDENT'S MOTHER FIRST		38. MIDDLE	
39. LAST (MAIDEN NAME)		40. BIRTH STATE		41. FINAL DISPOSITION (CHECK ONE) <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> RESIDENCE <input type="checkbox"/> RELIGIOUS SHRINE <input type="checkbox"/> TRANSIT <input type="checkbox"/> SCATTERED AT SEA Other: _____	
42. NAME AND ADDRESS OF PERSON(S) WHO WILL KEEP CREMATED REMAINS AT THEIR RESIDENCE, OR CEMETERY NAME AND ADDRESS OR COUNTY OF OCEAN WATER CREMATED REMAINS WILL BE SCATTERS IN.					

I have read the above information, and state that it is true & correct, and release *An Lac Funeral Services* from any charges that may occur in the correction of the original certificate due to this information.

SIGNATURE: _____ DATE: _____