

## Cremation Services By the Sea - Death Certificate Information

|                             |  |  |                      |                        |   |  |
|-----------------------------|--|--|----------------------|------------------------|---|--|
| INFORMATION ABOUT THE DEATH | Name of Deceased   |  |                      | Social Security Number |   |  |
|                             | Date of Death  |  | Time of Death (24hr) |                        | Facility Type   |  |
|                             | Facility or Place of Death (if not institution, give street address) |  |                      |                        | HOSPITAL  |  |
|                             |  |  |                      |                        | NON-HOSPITAL  |  |
| City of Death               |  | City Limits?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | County of Death      |                        | <input type="checkbox"/> Inpatient<br><input type="checkbox"/> ER / Outpatient<br><input type="checkbox"/> Dead On Arrival<br><input type="checkbox"/> Hospice Facility<br><input type="checkbox"/> Nursing Home<br><input type="checkbox"/> Decedent's Home<br><input type="checkbox"/> Other (specify): |  |
|                             |  |  |                      |                        |   | Autopsy<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
|                             |  |  |                      |                        |   | Pacemaker<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |

|                                |   |  |  |   |   |  |  |
|--------------------------------|---|--|--|---|---|--|--|
| INFORMATION ABOUT THE DECEDENT | Date of Birth   |  | Place of Birth (City, State or Foreign Country)  |   |   |  |  |
|                                | Age   | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female  | US Veteran?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Branch of Service (if Veteran)                  |   |  |  |
|                                | Marital Status  |  | <input type="checkbox"/> Married   | <input type="checkbox"/> Married, but Separated | <input type="checkbox"/> Widowed  | <input type="checkbox"/> Divorced  | <input type="checkbox"/> Never Married |
|                                | Surviving Spouse (First, Middle, Maiden)  |  |  |   | (NOTE: Florida law now requires a court order to amend the Surviving Spouse's name on a death certificate.) |  |  |
|                                | Decedent's Race or Races (More than one race may be specified)  |  |  |   |   |  |  |
|                                | <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe)<br><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 (specify)<br><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl (specify)<br><input type="checkbox"/> Other (Specify) |  |  |   |   |  |  |
|                                | Of Hispanic or Haitian origin?  |  | <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American<br><input type="checkbox"/> Other (specify) <input type="checkbox"/> Haitian |   |   |  |  |
|                                | Education: <input type="checkbox"/> 8th or less <input type="checkbox"/> High School, no diploma <input type="checkbox"/> High School diploma or GED<br><input type="checkbox"/> College, but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate  |  |  |   |   |  |  |
|                                | Decedent's Occupation (Kind of work done the longest)   |  |  | Industry (Description - No Company Names)       |   |  |  |
|                                | Father's Name (First, Middle, Last)   |  |  | Mother's Name (First, Middle, Maiden Surname)   |   |  |  |
|                                | Decedent's Last Legal Residence Address(Street Address - No PO Box)   |  |  |   | Apt No.   | City Limits?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                                | Decedent's City of Residence  |  |  | Decedent's County of Residence                  |   |  |  |
| State                          | Zip Code  | (NOTE: In the case of patients in a nursing or convalescent home, the place where the deceased lived prior to admission should be used.) |  |   |   |  |  |

|                                 |   |            |                          |                                  |
|---------------------------------|---|------------|--------------------------|----------------------------------|
| INFORMATION ABOUT THE INFORMANT | Contact Name (Person Providing this Information)        |            | Relationship to Decedent |                                  |
|                                 | Contact Mailing Address (Street, City, State, Zip Code) |            |                          |                                  |
|                                 | Contact Information (Telephone, Cell Phone, etc)        |            |                          |                                  |
|                                 | Certified Copies Requested                              | With Cause | Without Cause            | Address to Send Certified Copies |

Approved: \_\_\_\_\_  
 Please review carefully before approving this information. You will be responsible for any amendment fees and attorney/court costs necessary due to incorrect information listed on this form.

