

SHORELINE CREMATION

Vital Statistics Information Work Sheet

Name of Deceased: _____ Date of Death: _____ Age: _____

D.O.B _____ Birthplace: _____ Current Residence: _____

Apt. # _____ City: _____ State: _____ Zip Code: _____

Veteran (Circle) Yes No War (If applicable) _____ Branch _____

Marital Status: Circle **S** **M** **W** **D** Spouse (Maiden name, if applicable) _____

Father's Name: _____ Mothers First and Maiden Name: _____

Next of Kin's Information:

Next of Kin: _____ Relationship: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____ Phone # (Home) _____

Phone # (Cell) _____

Personal Information:

Decedent's Highest Level of Education Completed (grade #) _____ Race: _____

Occupation (if retired, longest or last occupation): _____

Industry or Place of Employment: _____

Social Security Number: _____ Have a pacemaker (circle one) Y N

Decedents Most Recent Primary Care Physician

Doctors Name: _____ City: _____

State: _____ Phone Number: _____ Approx. Date Last Seen: _____