

Legacy Cremation Provider - Death Certificate Information

Name of Decedent			
Date of Death		Time of Death (24 hr.)	Social Security Number
Facility or Place of Death <i>(if not institution, give street address)</i>			
City of Death	County of Death	State of Death	
Date of Birth		Place of Birth <i>(City, State or Foreign Country)</i>	
Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch & Years of Service <i>(if Veteran)</i>
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 <i>(First, Middle, Maiden)</i>		If decedent was widowed or divorced, please provide the last Spouse's name.	
Decedent's Race or Races <i>(More than one race may be specified)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <i>(Specify tribe)</i> <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 <i>(specify)</i> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl <i>(Specify)</i> <input type="checkbox"/> Other <i>(Specify)</i>			
Of Hispanic or Haitian origin? <input type="checkbox"/> Yes <i>(if Yes, specify)</i> <input type="checkbox"/> No		<input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Haitian <input type="checkbox"/> Other <i>(specify)</i>	
Education: <input type="checkbox"/> 8 th or less <input type="checkbox"/> High School, no diploma <input type="checkbox"/> High School diploma or GED <input type="checkbox"/> College, but no degree College degree <i>(Specify):</i> <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
Decedent's Occupation <i>(Kind of work done the longest)</i>	Industry	Name of Company	
Father's Name <i>(First, Middle, Last)</i>		Mother's Name <i>(First, Middle, Maiden Surname)</i>	
Father's Place of Birth <i>(City & State or Foreign Country)</i>		Mother's Place of Birth <i>(City & State or Foreign Country)</i>	
Decedent's Last Legal Residence Address <i>(Street Address - No PO Box)</i>			Apt. 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.)	
Next of Kin's Name <i>(Person Providing this Information)</i>		Relationship to Decedent	
Next of Kin Mailing Address <i>(Street, City, State, Zip Code)</i>			
Contact Information <i>(Telephone, Cell Phone, etc.)</i>		Email Address	
Number of Certified Death Certificates Requested	Address To Send Certified Death Certificates To		

Toll Free: 1-800-972-2070 - Toll Free Fax: 1-800-699-9181 - Email: Forms@Heritage-Cremation.com