Death Certificate Information Form

American Heritage CREMATION SOCIETY

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Questions on this form relate to information necessary to comply with the State of Florida Vital Statistics Office, who issue certified death certificates.

Forms must be legible, in print & accurate.

1. Decedent's Full Legal Name: _____
(No Initials) First Middle (or write "No Middle Name") Last

2. Residence : _____ City: _____

Inside City Limits? Y/N Spell State : _____ Zip Code : _____ Phone : (____) _____

3. Social Security : _____ - _____ - _____ 4. Present age: _____ 5. Sex : M F - circle one

6. Date of Birth : _____ / _____/ ____ City : _____ State : _____
Spell month Day Year Spell state

7. Were they ever in the U.S. armed forces? (*Yes or No*) _____ ; if yes, specify branch: _____

then also was cause of death service connected? Yes or No _____

8. Occupation spent the longest time at? Position : _____ Industry : _____

9. Legal Marital Status, circle one : Married - Never married - Widowed - Divorced

If Married, Spouse : _____
First Middle Maiden - (At Birth)

10. Are they of Hispanic origin ? Yes or No - circle one.
if yes, specify : Haitian - Mexican - Cuban - Puerto Rican, or : _____

11. Race : White - Black - American Indian - etc. (circle one or specify) : _____

12. Years of education: ___ High School Diploma? Yes-No / College Degree? Yes-No if so Specify: _____

13. Father's Full Name: _____

14. Mother's Full Name (Maiden) _____

15. Return ashes to: _____
Complete Address

16. Next of Kin (Not Spouse) : Name : _____ Relationship : _____

Address : _____ Phone : _____

By my signature I acknowledge that the above information will be relied on for the death certificate

I affirm that I have proofread for accuracy of dates, numbers and spelling.

x _____ **Date** _____ /_____ /_____

Optional: E-mail: _____@_____

Drivers License Number or State ID: _____ **State :** _____ **Issued :** _____

(Photo copies of this form may be submitted or call 1-800-756-2311 to receive by mail.)