

In lieu of completing questions 1 through 7 a completed death certificate may be attached.

1. FULL NAME OF DECEASED

2. LAST PLACE OF RESIDENCE OF DECEASED

3. PLACE OF DEATH

4. PLACE OF BIRTH

5. DATE AND PLACE OF FUNERAL

6. ARRANGING FUNERAL DIRECTOR

7. INFORMANT'S NAME

RELATIONSHIP

8. DATE AND TIME WHEN CREMATION BEGAN

DEATH CERTIFICATE FILING STATUS

I hereby state upon my oath that prior to the cremation of the above named person that:

- a completed death certificate has been filed with the local registrar where the death occurred; or
- written authorization to cremate the body has been received from the medical examiner/coroner or physician who will be certifying the cause of death.

SIGNATURE

LICENSE NUMBER

TIME

DATE

DISPOSITION OF CREMAINS

By my signature, I have received the cremains of the deceased named on this form.

SIGNATURE

DATE RECEIVED

FUNERAL HOME NAME

ADDRESS

By my signature, I have delivered the cremains of the deceased named on this form to:

LOCATION

SIGNATURE

DATE DELIVERED

If the cremated remains were delivered or placed other than by an employee of _____, the name of the person who made the delivery or placement or the name of the business by which the cremated remains were shipped along with the receipt number is shown below.

NAME OF ESTABLISHMENT

NAME OF PERSON MAKING THE DELIVERY OR PLACEMENT OF CREMAINS

NAME OF BUSINESS BY WHICH CREMATED REMAINS WERE SHIPPED

NAME

RECEIPT NUMBER