

WOODLAWN CREMATATIONS

VITAL STATISTICS INFORMATION

Once Complete Fax to: 866-950-4528

1. Decedent's Legal Full Name _____
(First, Middle, Last)

1a. Last Name at Birth (If Female) _____

2. Sex MALE FEMALE (Circle One) 3. Date of Death _____

4. Social Security Number _____

5. Age _____ 6. Date of Birth _____

7. Birthplace (City and State) _____

8. RESIDENCE

Street and Number _____

City and Zip Code _____

County of Residence _____

State of Residence _____

Country of Residence _____

Inside City Limits: YES or NO (Circle One)

9. Armed Forces: YES or NO (Circle One)

10. Career Occupation _____

Nature of Business _____

Employer _____

11. Marital Status (Circle One) Married Married, but Separated Widowed Divorced
Never Married Unknown

12. Spouses Name _____

(If Wife, Give Name Prior to First Marriage)

13. Father's Name _____

14. Mother's Name _____ Maiden name _____

15. Decedent's Education (Circle One) 8th Grade or Less 9th – 12th Grade, no diploma

High School Graduate or GED Completed Some College Credit, but no degree

Associate's Degree (e.g. AA, AS) Bachelor's Degree (e.g. BA, AS, BS)

Master's Degree (e.g. MA, MS, Meng, Med, MSW)

Doctorate (e.g. PhD, EdD) or professional Degree (MD, DDS, DVM, LLB, JD)

Unknown

16. Informant's Name (First, Middle, Last) _____

17. Relationship to Deceased _____

18. Mailing Address of Informant _____

City/State/Zip _____

19. Phone number of Informant _____

21. Email address _____

22. Hispanic Origin (Circle One) No, Not Spanish/Hispanic/Latino Yes, Puerto Rican Yes, Cuban

Yes, Mexican, Mexican American, Chicano Yes, other Spanish/Hispanic/Latino (specify) Unknown

23. Decedent's Race (Circle One) White Japanese Asian Indian Filipino Vietnamese

Black/African American Korean Native Hawaiian Guamanian/Chamorro

Samoan American Indian/Alaska Native Other Asian Other Pacific Islander

Other Unknown

24. Place of Death _____

25. Date of Death _____ Time of Death _____

26. Approximate weight of the Deceased _____