

Guiding Light Cremations

Geronimo Mena Jr. L.D.D.

VITAL STATISTICS INFORMATION SHEET (information needed for the completion of death certificate)

Name of Decedent _____ Sex _____

Address of Decedent _____

City/State/Zip _____ County _____

Date of Death _____ Social Security # _____

Place of Death _____ County _____

Date of Birth _____

City/State of Birth (City/State or County) _____

Decedent served in the U.S. Armed Forces? _____ YES _____ NO

Marital Status: ___Married ___Never Married ___Widowed ___Divorced

Surviving Spouse (If wife, give Full Maiden Name) _____

Decedent's Usual Occupation _____

Kind of Business _____

Is Decedent of Hispanic or Haitian Origin? ___YES ___NO (If yes, specify) _____

Race: ___White ___Black ___American Indian _____Other

Highest Educational Grade Completed (Only highest grade completed) _____

Father's Full Name _____

Mother's Full Maiden Name _____

Next of Kin _____ Tel # _____

NOK Mailing Address _____

COMMENTS: _____

Authorized Signature

D A T E

Guiding Light Cremations and Everglades Crematorium are members of CANA,

The Cremation Association of North America