

Vital Statistics for Death Certificate

Please: Type or print legibly. Complete ALL blanks. Carefully check your entries. Please note:

The information below is required by the Division of Vital Records. Please answer the questions as accurately as possible.

Write "NA" if a category does not apply, "Unknown" if the correct information cannot be found.

Occupation: The type of work done for most of one's working life. "Homemaker" is OK; do not write "Retired" or "Disabled."

Years of Education: Fill in numbers 1-12 for years of elementary and secondary, then 1-5+ for college.

Fill in the deceased's Father & Mother, even if no longer living. Informant: the person signing this form.

Deceased (or Pre-Arranged) Person's Full Legal Name (no nicknames):

First _____ Middle _____ Last _____ Suffix _____

Maiden name _____ Sex _____ Soc. Sec. # _____

Never Married/Married/Widowed/Divorced _____ Race _____

Residence (No. & st.) _____ Inside city limits? Y N

City _____ County _____ State _____ Zip _____

Birthdate _____ Birthplace (city, state, country) _____

Occupation _____ Kind of Business/Industry _____

Years of Education: Elem. & sec. _____ College: _____

Country of Citizenship: _____ Hispanic Origin? _____ Country? _____

Veteran? _____ Branch of Service _____ What war/dates? _____

Father's Full Name _____

Mother's Full (incl. Maiden) Name: _____

Next-of-Kin Name _____ Relationship to Deceased _____

Informant Name _____ Relationship to Deceased _____

Address _____ Phone _____

I have provided and/or reviewed the Vital Statistics above for the Death Certificate of the above-named individual, and certify that all is true and accurate to the best of my knowledge. I authorize the filing of this information with the Division of Vital Records (or comparable governing agency) on the death certificate of the above-named individual.

If any information has not been provided to the mortician 48 hours after the death, I understand that the certificate may be submitted to the governing agency with that information missing. I also understand that the certificate will not be certified until a physician has properly supplied all required medical data and signed.

I understand that Cremation and Funeral Alternatives is not liable for correction of any errors on the death certificate other than its own.

Signed: _____ Date: _____

Print name: _____ Relationship to Deceased: _____

Sign & return to CAFA, 8717 Green Pastures Drive, Towson, MD 21286-2100.

Phone: 410-321-1005 Fax: 410-494-0198 Email: info@cafa.com

If a Veteran, please enclose a copy of DD-214/Record of Service.