

ACKNOWLEDGEMENT OF DISCLOSURES/DISCLAIMER

Name of Deceased

The Federal Trade Commission Trade Regulation Rule on "Funeral Industry Practices" requires certain disclosures and prohibits misrepresentations. The following is a checklist we ask those we serve to read and sign to verify that the funeral arrangement conference was conducted in compliance with the Rule. You who made the arrangements for the funeral of the above named decedent do hereby attest to the following:

1. You were given a General Price List effective August 1, 2016 prior to discussing funeral arrangements or the selection of any funeral goods or services.
2. You were given a copy of **FACTS ABOUT FUNERALS** issued by **THE TEXAS FUNERAL SERVICE COMMISSION**.
3. You were shown a **Casket Price List** effective August 1, 2016 prior to discussing caskets.
4. You were shown an **Outer Burial Container Price List** effective August 1, 2016 prior to discussing outer burial containers.
5. You were advised that the law does not require embalming except in certain special cases.
6. You were not advised that embalming is required for direct cremation, immediate burial, or a closed casket funeral without viewing or visitation if refrigeration is available, where state or local law does not require embalming in such cases.
7. You were not advised that any law requires a casket for direct cremation or that a casket other than an unfinished wood box, is required for direct cremation.
8. You were advised that state law does not require the purchase of an outer burial container or any of the funeral goods and services You selected except as set forth on your Statement of Funeral Goods and Services Selected/Purchase Agreement.
9. No claims were made to You as to the merchandise or services (including embalming, casket, outer burial container) to the effect that embalming or the use of any merchandise available from us would delay the decomposition of the remains for a long term or indefinite time, or that any such merchandise would protect the body from any gravesite substances. No representations or warranties were made to You about the protective features of caskets or outer burial containers other than those made by the manufacturer. The only warranties expressed or implied, granted in connection with goods sold with the funeral service we arranged were the express written warranties, if any, extended by the manufacturers of such goods. No other warranties were extended to You.
10. You were advised that the funeral firm's cost may be different based on volume or cash discounts or other professional/trade customs where permitted by state or local law.

Signed this _____ day of _____, 20_____.

Witnessed:

(Signature of Funeral Firm Rep)
Arlington National Funeral Home

X

(Signature of Funeral Purchaser)

X

(Relationship to Deceased)

AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment ARLINGTON NATIONAL FUNERAL HOME

Name of Deceased _____ Date of Death _____

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management or use licensed embalmers as agents or independent contractors or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer's direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensees), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, and the funeral establishment's employees, independent contractors, and agents to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming, including a school or college of mortuary science

Signature of next-of-kin or Person Responsible for making arrangements for final disposition
Date Signed _____

NOTE Mortuary Students may only participate in embalming if permission is in writing and in the possession of the Licensed Embalmer at the time of the procedure.

<p>If Authorization for embalming is oral, complete the following:</p> <p>Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.</p> <p>Authorization to embalm received from _____</p> <p>Relationship to Deceased _____</p> <p>Time _____ a.m. or p.m. Date _____</p> <p>Received by _____</p>

If no authorization can be obtained, complete the following:

I hereby acknowledge that ARLINGTON NATIONAL FUNERAL HOME has made a reasonable effort over
Name of Establishment
period of at least three hours to obtain authorization to embalm the deceased. I take full responsibility for performing embalming without permission. Times contact with family attempted _____

Signature and License # of Embalmer

The undersigned, who represents the deceased, hereby declares that having the legal authority to do so, refuses to give permission to embalm the above-named deceased individual.

Signature

Date



Arlington National Funeral Home

5601 Arlington
Houston, Texas 77076-4526
(713) 692-5555
FAX (713) 692-0947

AUTHORIZATION

I hereby designate ARLINGTON NATIONAL FUNERAL HOME to take charge of the Funeral Arrangements for _____ and further authorize the release and removal of remains of ARLINGTON NATIONAL FUNERAL HOME, or their agents, for the purpose of Cremation & Embalming and/or Burial.

I represent that I am the legal Next-of-Kin, or am acting as an Authorized Agent on behalf of the legal Next-of-Kin.

Signed: X _____

Relationship: X _____ Date: X _____

WITNESS: _____ Date: _____

=====
FOR VERBAL (TELEPHONE) AUTHORIZATION
=====

Authorized by: _____

Date: _____ Time: _____ Rec'd. by: _____

CREMATION AUTHORIZATION FORM

Mainland Crematorium

6602 W. O'Brien Street Hitchcock, Texas 77563 409.502.0243 fax 409.440.8230

Name of Decedent _____ Sex _____ Age: _____
Date of Birth: _____ Date of Death: _____ Time of Death: _____

BEFORE CREMATION TAKES PLACE

- All necessary authorizations have been obtained, and no objections have been raised.
- Civil and medical authorizations must have issued all required permits.
- A Cremation Permit (Burial Transit Permit marked "cremation") from the Bureau of Vital Statistics MUST accompany this form.
- The 48 hour mandatory state waiting period must have expired, or have been waived in writing by the legal authority having jurisdiction.
- Any scheduled viewings or ceremonies with the body present must have been completed.
- The funeral home (or director) shall be aware if the decedent has any mechanical or radioactive devices or implants (such as pacemakers), as they may have to be removed prior to cremation. If such devices or implants should have been removed and were not, then the Authorizing Agent(s) will be responsible for any damages caused to the crematory or crematory personnel by such devices or implants.
- All personal possessions or valuable materials, such as jewelry, dental gold, etc... If so desired, should be removed by Authorizing Agent(s) or Funeral Establishment prior to delivery to the Crematory. As the cremation container WILL NOT normally BE OPENED by Mainland Crematorium (to remove valuables, to allow for a final viewing or for any other reason), arrangements must be made to remove such possessions or valuable prior to the delivery to the crematory. If not removed from the container prior to delivery, said items will be destroyed during the cremation process and disposed of, unless specifically listed and instructed otherwise on reverse side of this form.
- The crematory shall be Notified Prior to Arrival, of anyone wishing to witness the container being placed in the cremation chamber. Any such witnessing shall require a written waiver or hold-harmless agreement signed by the witness and the Authorizing Agent(s). Mainland Crematorium reserves the right to charge an additional fee to accommodate such special requests.

CREMATION CONTAINER

Remains must be placed in a container for cremation. Such containers must meet the following standards: 1) be composed of Combustible Materials; 2) provide complete covering of the body; 3) be Resistant to Spillage or Leakage; 4) be Rigid for Handling with ease; 5) be able to Provide Protection for the Health and Safety of the crematory personnel. Steel caskets are inappropriate for the cremation equipment, and WILL NOT be accepted. Any decorative handles, rails, or latches that are noncombustible and could cause damage to the cremation equipment may be removed and disposed of by the crematory in a non-recoverable manner.

THE CREMATION: PROCESSING OF THE REMAINS

- All cremations are performed individually unless authorized in writing by the authorizing agent of each deceased person.
- Cremation begins by placement of the cremation container in the cremation chamber where it is subject to intense heat and flame. During the cremation process it may be necessary to open the cremation chamber and reposition the remains in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, incineration of the container and contents is accomplished and all substances are consumed and driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other nonhuman material) as the temperature is not sufficient to consume them. The time for cremation to be completed varies with the size and weight of each human remains, but generally requires 1.5 to 3 hours.
- Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, artificial eyes and other personal articles and property accompanying the remains of the Decedent, will be destroyed during the cremation process.
- Following a cooling period, the cremated remains are swept or raked from the cremation chamber. Every effort is made to remove all of the cremated human remains from the chamber. However, a small residue, or dust, may remain in the cremation chamber, resulting in incidental or inadvertent commingling of minute particles of cremated remains with other previous cremations.
- After the cremated remains are removed from the chamber, all noncombustible materials (not previously removed) insofar as possible, will be Separated and Removed from the bone fragments by visible or magnetic selection and will be disposed of by the crematory in a non-recoverable manner.
- Because the skeletal remains often contain recognizable bone fragments, they are mechanically processed (pulverized) or reduced in size to uniform particles. This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. The processed cremated remains, depending on the bone structure of the decedent will weigh between 4 to 8 pounds, and are usually white in color, but can be other colors due to temperature variations and other factors. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.
- If an urn or other container is not provided to the crematory, or is insufficient in size to accommodate all the remains, the crematory will place the remains, or any excess, in a temporary receptacle (container) made of plastic or cardboard. Any receptacle containing excess cremated remains will be kept with the primary receptacle and handled according to the Disposition Instructions on the Cremation Authorization Form. It is recommended that any urn or container supplied to the crematory be a minimum of 200 cubic inches.

AFTER CREMATION HAS BEEN COMPLETED

- Cremation is NOT a final disposition, nor is placing the cremated remains in storage at a funeral establishment. The cremation process simply reduces the decedent's body to cremated remains or bony fragments. The urn or container containing the cremated remains will be returned to you or the individual, cemetery, or funeral establishment designated on the Cremation Authorization Form.
- If the cremated remains are not claimed by the 121st day following the date of cremation, then Mainland Crematorium shall arrange for the final disposition or dispose of the cremated remains in any manner permitted by law. Such disposition may include commingling with other cremated remains, and thereafter the cremated remains of the decedent will not be recoverable.
- Mainland Crematorium strongly suggests that you consult your funeral professional for the many options available for final disposition.

LIMITATION OF LIABILITY

The obligations of Mainland Crematorium shall be limited to the cremation of the decedent and the disposition of the decedent's cremated remains as authorized on the Cremation Authorization Form. No Warranties Expressed or Implied are Made, and Damages Shall be Limited to the amount of the cremation fee

Funeral Director's initials _____

Authorizing Agent(s) initials X _____ ←

Name of Decedent: _____

I/We, the undersigned (the "Authorizing Agent(s)") hereby authorize the cremation, processing, and disposition of the decedent listed above by Mainland Crematorium ("the Crematory") in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations. I/We hereby request and authorize the Funeral Establishment listed above to take possession of, make arrangements for, and deliver the decedent to the Crematory, for cremation.

As the Authorizing Agent(s), I/We hereby agree to indemnify, defend, and hold harmless the Crematory and Funeral Establishment, their officers, agents, and employees, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including failure to properly identify the Decedent or the human remains transmitted to Mainland Crematorium, the processing, shipping and final disposition of the Decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, and damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the Decedent or the Decedent's cremated remains, or any other action performed by the Crematory, the designated Funeral Establishment, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

Following the cremation and processing of the cremated remains, the Crematory will arrange for the return of the cremated remains to the contracted Funeral Establishment. If the Authorizing Agent(s) chooses to Ship Cremation Remains or Release to a Designated Person, the Authorizing Agent(s) hereby authorizes the Crematory or Funeral Establishment to release, deliver, transport, or ship the cremated remains as specified. The Authorizing Agent(s) is Responsible for the Disposition of the Cremated Remains and No Remains Will Be Accepted Without Instructions for Disposition. In accordance with, 2003 HB 587, Chapter 716, Sub Chapter B, Sec 716.052, Article 11, b-182 Cremated remains not claimed by the 121st day following cremation will be disposed of. Check one of the following if applicable:

➔ 1. SHIP TO: _____
(Name of individual to receive Cremation Remains) Mailing Address City St/Zip
(#1 is delivery of cremated remains via USPS, Registered Return Receipt Mail. Authorizing Agent agrees to assume all liability that may arise from such shipment, and to indemnify and hold the Crematory and Funeral Home harmless from any and all claims related to shipment.)

➔ 2. RELEASE TO DESIGNATED PERSON: _____ Relationship _____

The cremation, processing, and disposition of the Decedent authorized herein shall be performed in accordance with the governing laws, rules, regulations, and policies of the Crematory and Funeral Establishment, and the following terms and conditions.

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING DECEDENT TO MAINLAND CREMATORIUM.
Mechanical or radioactive devices implanted in the remains of the Decedent (such as Pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not accept for cremation, any remains which contain such devices. In the event the remains of the Decedent contain such device(s), I/We hereby authorize the Funeral Establishment, its agents and employees, to remove said device(s) and dispose of same at their discretion.

WE CANNOT GUARANTEE THE RETURN OF PERSONAL ITEMS LEFT ON A DECEDENT. ALL PERSONAL PROPERTY (JEWELRY, CLOTHING, ETC.) THAT IS NOT TO BE CREMATED MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO MAINLAND CREMATORIUM.

I/We choose to visually inspect the remains and remove personal items prior to cremation (charges apply) Authorizing Agent(s) initials _____
I/We choose NOT to visually inspect the remains and remove personal items prior to cremation. Authorizing Agent(s) initials _____
Personal property left on a body will be destroyed during the cremation process.

I/We, the undersigned hereby certify that I/We are the closest living relative, next of kin of the Decedent, or that I/We otherwise serve in the capacity of a legal representative to the decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power according to the laws of the state, to execute the authorization for and to arrange for the cremation and disposition of the cremated remains of the Decedent. Unless otherwise stated, I/We am not aware of any person(s) with a superior or equal priority right. If such a person(s) exists, I/We have made all reasonable efforts but failed to contact that person(s) and believe such person(s) would not object to the cremation. Furthermore, I/We am aware of no objection to this cremation by any spouse, child, parent, or sibling.
Additional Spaces (IF NEEDED) for Authorizing Agent(s) Signatures (undersigned agrees to all terms and conditions contained in the Cremation Authorization Form).

➔ Signature _____ Printed Name _____ Relationship _____ Date _____

➔ Address _____ Tel No() _____
Street City State/Zip

➔ Signature _____ Printed Name _____ Relationship _____ Date _____

➔ Address _____ Tel No() _____
Street City State/Zip

REPRESENTATIONS OF FUNERAL DIRECTOR
By executing this authorization form as a licensed funeral director and/or agent/employee of the designated Funeral Establishment indicated on the Cremation Authorization Form, I warrant to the best of my knowledge the following:

- 1) Our Funeral Establishment was responsible for making arrangements with the Authorizing Agent(s) for the cremation of the decedent and that I have reviewed this form with them.
- 2) That no member of our Funeral Establishment has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect.
- 3) That the human remains delivered to Mainland Crematorium and represented as the human remains specified on this form, are in fact the human remains that were identified to our Funeral Home as the decedent.
- 4) That our Funeral Establishment obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached, or have been delivered to the crematory.
- 5) That the remains of the decedent do not contain any type of implanted mechanical or radioactive device, and is therefore safe to be cremated.
- 6) That all personal property that is not to be cremated has been removed.

Licensed Funeral Director representing Funeral Establishment License # _____ Date _____



Arlington National Funeral Home

5601 Arlington
Houston, Texas 77076-4526
(713) 692-5555
FAX (713) 692-0947

DISPOSITION OF CREMATED REMAINS AND DEATH CERTIFICATES

DECEASED _____ DATE OF DEATH _____

We, the family of the Decedent named above, do hereby request ARLINGTON NATIONAL FUNERAL HOME to dispose of the Decedent's cremated remains and death certificates in the following manner:

CREMATED REMAINS

_____ Family will pick up _____

Name and Phone Number of Person Authorized To Pick Up

_____ Deliver to Houston National Cemetery (Must be accompanied by proper documentation)

X _____ Ship via Express Mail for \$190.00

Name

Phone No.

Address

City, State and Zip Code

DEATH CERTIFICATES

_____ Family will pick up _____

Name and Phone Number of Person Authorized To Pick Up

X _____ Mail Express Mail for \$55.00

Name

Address

City, State and Zip Code

Phone

I acknowledge that ARLINGTON NATIONAL FUNERAL HOME will not release the Cremated Remains and/or Death Certificates to anyone not listed above without PRIOR WRITTEN AUTHORIZATION. I FURTHER AGREE TO HOLD ARLINGTON NATIONAL FUNERAL HOME HARMLESS FROM ANY LIABILITY ON ACCOUNT OF CREMATION, RELEASE OF CREMATED REMAINS AND/OR DEATH CERTIFICATES TO THE UNDERSIGNED. I agree to hold harmless Arlington National Funeral Home for any damages due to lost, misdirected, undelivered or damaged cremated remains and/or death certificates sent via U.S. Mail.

X _____
Signature of Authority

X _____
Relationship to Deceased

Received By

X _____
Date

ARLINGTON NATIONAL FUNERAL HOME

5601 Arlington • Houston, TX 77076

(713) 692-6555

FUNERAL PURCHASE AGREEMENT

Name of Deceased _____ Last Address _____ Date of Death _____

Charge to _____ Telephone _____ Date of Service _____

Buyer's Home Address _____ City _____ State _____ Zip Code _____

Charges are only for those items that you have selected or that are required. If we are required by law or by cemetery or by crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

PROFESSIONAL SERVICES SELECTED

A. SERVICES OF FUNERAL DIRECTOR AND STAFF

\$ _____

B. EMBALMING

\$ _____

Reason for embalming _____

C. OTHER PREPARATION OF THE BODY

\$ _____

\$ _____

\$ _____

\$ _____

D. USE OF FACILITIES, STAFF SERVICES AND EQUIPMENT

1. Viewing per day

\$ _____

2. Funeral Service

\$ _____

3. Memorial Service

\$ _____

4. Graveside Service and equipment

\$ _____

5. Refrigeration of unembalmed remains

\$ _____

E. TRANSPORTATION

1. Transfer of remains to funeral home

\$ _____

2. Automotive Equipment

A. Hearse

\$ _____

B. Hearse at other location

\$ _____

C. Family car

\$ _____

D. Limousine

\$ _____

E. Clergy car

\$ _____

F. Other Automotive Equipment

\$ _____

G. Addl. Mileage @ _____ (per mile) \$ _____

TOTAL OF PROFESSIONAL SERVICES SELECTED \$ _____

F. MERCHANDISE

1. Casket

\$ _____

2. Alternative Container

\$ _____

3. Outer Burial Container

\$ _____

4. Urn

\$ _____

5. Stationery

Acknowledgment Cards

\$ _____

@ \$ _____ (per 25) \$ _____

Register Book (s)

\$ _____

Memory Folders / Prayer Cards

\$ _____

6. Burial Clothing

\$ _____

7. Other

\$ _____

TOTAL OF MERCHANDISE SELECTED \$ _____

WARRANTIES: The only warranties, expressed or implied, granted in connection with goods sold with this funeral service are the express written warranties, if any, extended by the manufacturer thereof. No other warranties and no warranties of merchantability or fitness for a particular purpose are extended by seller.

I agree that any monies assigned above shall be paid to you within 60 days of the date of this contract. Upon your giving me at least five (5) days prior written notice that any monies due under the assignment(s) described above have not been paid to you as promised, you can require that any such unpaid amount(s) previously credited to my account be paid by me at once.

Charges are made only for those items that are used. If the type of funeral selected requires extra items, we will explain the reasons in writing on this contract. In the event I wish to complain or question any area of your service, I may contact you at my convenience. If any complaints cannot be resolved, I may also contact the Texas Funeral Service Commission, P.O. Box 12217, Austin, Texas 78711. Telephone Number: (888) 667-4881, Fax Number: (512) 478-6064.

TERMS: The Unpaid Balance set out above will be due and payable on the Due Date set out above. A FINANCE CHARGE of 1 1/2% per month (ANNUAL PERCENTAGE RATE 18%) will be added to all past due amounts not paid on or before the Due Date set out above. If this agreement is placed in the hands of an attorney and/or agency for collection, I (we) agree to pay reasonable attorney's fees and/or collection costs.

By his (her) signature, buyer(s) in addition to authorizing seller to conduct the funeral, perform the service, furnish the materials, and incur the charges specified within this agreement, on the terms and conditions set forth, acknowledges that prior to the execution of this agreement, a printed or typewritten list of retail price of the funeral services and funeral merchandise offered by seller was made available to buyer(s).

Signature of Provisional Licensee Assistant _____

Executed this _____ day of _____, 20____.

ACCEPTED FOR SELLER:

Signature (1) _____
Buyer

By: _____
Signature of Funeral Director who made the arrangements

Signature (2) _____
Co-Buyer

G. SPECIAL SERVICES

1. Forwarding remains to another funeral home

\$ _____

2. Receiving remains from another funeral home

\$ _____

3. Immediate burial

\$ _____

4. Direct cremations

\$ _____

Additional charges for staff services and/or use of facilities \$ _____

Describe: _____

Cemetery or crematory requirements if any _____

TOTAL OF SPECIAL SERVICES SELECTED \$ _____

H. CASH ADVANCES

1. Cemetery charges

\$ _____

2. Crematory charges

\$ _____

3. Transportation

\$ _____

4. Clergy honorarium

\$ _____

5. Musicians honorarium

\$ _____

6. Flowers

\$ _____

7. Obituaries

\$ _____

8. Certified copies of death certificates

Number of copies _____ \$ _____

9. Police Escort

\$ _____

10. Other

\$ _____

We charge you for our service in obtaining those items marked with an .

TOTAL OF CASH ADVANCES \$ _____

SUMMARY OF CHARGES

PROFESSIONAL SERVICES \$ _____

MERCHANDISE SELECTED \$ _____

SPECIAL SERVICES \$ _____

CASH ADVANCES \$ _____

TOTAL OF ALL CHARGES (Balance Due) \$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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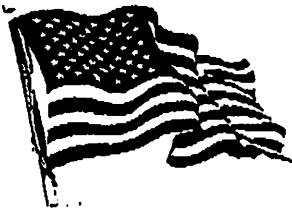
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\$ _____

\$ _____



Arlington National Funeral Home

5601 Arlington
Houston, Texas 77076-4526
(713) 692-5555
FAX (713) 692-0947

CREDIT CARD CHARGE SHEET (Please print as neatly as possible)

I hereby authorize Arlington National Funeral Home to charge \$ _____
to the following credit card account:

Card Type (circle one): Visa MasterCard Discover

Account Number _____

Expiration Date _____

Card holder name (please print) _____

Address where card holder receives their monthly credit card statements:

Address: _____

City and State: _____

Zip code _____

Signature of Card Holder _____

Date signed: _____

The back of your credit card may have a three digit security number located on or near the
signature line. Please enter that three digit number here: _____

PLEASE COMPLETE ALL LINES-DO NOT LEAVE ANY BLANKS!



Our Family Serving Your Family 

COMPLETE THE FOLLOWING INFORMATION FOR DEATH CERTIFICATE

PLEASE TYPE OR PRINT LEGIBLY

1. NAME _____
(First) (Middle) (Last) (Maiden)
2. DATE OF BIRTH _____ 3. BIRTHPLACE _____
City and State OR Foreign Country
4. SOCIAL SECURITY NO. _____ 5. RACE _____
- 5b. OF HISPANIC ORIGIN? Y N 6. IF YES, SPECIFY _____
(Mexican, Cuban, Etc.)
7. EVER IN ARMED FORCES? Y N 8. BRANCH OF SERVICE _____
9. DATES OF ENTRY/DISCHARGE _____ TO _____ SERIAL # _____
(Month/Yr) (Month/Yr)
11. MARITAL STATUS: MARRIED WIDOWED NEVER MARRIED DIVORCED
12. SURVIVING SPOUSE _____
(If Wife, Given FULL MAIDEN Name)
13. HIGHEST EDUCATION LEVEL (IN TOTAL YEARS) _____
(Grade School PLUS College)
14. DECEDENT'S USUAL OCCUPATION _____
DO NOT USE "RETIRED"
15. OCCUPATIONAL BUSINESS OR INDUSTRY _____
16. RESIDENCE STREET ADDRESS _____
DO NOT USE P.O. BOX
17. CITY _____ COUNTY _____ STATE _____ ZIP CODE _____
18. INSIDE CITY LIMITS? Y N IF "NO", GIVE PRECINCT # _____
19. DECEDENT'S FATHER'S FULL NAME _____
20. MOTHER'S FULL MAIDEN NAME _____
21. INFORMANT'S NAME/RELATIONSHIP _____
(Name of Person Providing Information)
22. INFORMANT'S MAILING ADDRESS _____
23. CITY _____ STATE _____ ZIP CODE _____
24. DAYTIME PHONE NUMBER (_____) _____
(Where You Can Be Reached During Business Hours)