

MONARCH CREMATION SERVICES LLC.

VITAL STATISTICS INFORMATION

The information listed below is necessary to properly receive a death certificate

PLACE OF DEATH HOME _____ N.H. _____ HOSPITAL _____

1. Decedent's Legal Name [Alaska] _____ D.O.D. _____

2. Sex _____ 5. Age of last Birthday _____ 7. Date of Birth _____

8. Birthplace City _____ State _____ Foreign Country _____

9. Residence State _____ 10. County _____ 11. City or Town _____ 12. Street _____

13. Apt _____ 14. Zip Code _____ 15. Ever in Arm Forces _____

16. Married status at time of death Married _____ Married but separated _____ Widow _____ Widower _____
Divorced _____ Never married _____ Unknown _____

17. Surviving Spouse [give full name prior to first marriage] _____

18. Father's Full Name F-M-L _____

19. Mother's Name Prior to First Marriage F-M-L _____

20. Informant's Name _____

21. Informant's Relationship to Decedent _____

22. Informant's Mailing Address _____

50. Decedent's education High School, Some College, Associate's Bachelor' Other _____

51. Decedent of Hispanic Origin Yes or No explain _____

52. Decedent's Race _____

53. Decedent Usual Occupation _____

54. Kind of Business/Industry _____

55. Decedent's Social Security Number _____

Telephone number of the informant _____ Date _____

Signature of Informant _____

The above information listed is the truth to the best of my knowledge