

VITAL STATISTIC INFORMATION FOR DEATH CERTIFICATE - BROOKS CREMATION AND FUNERAL SERVICE

The following information is needed to complete the State of Florida "Death Certificate". All questions relate to the decedent. ALL QUESTIONS MUST BE ANSWERED. If any answer is not known, simply print UNKNOWN in the space provided. A birth certificate, passport or military discharge (DD 214) form will be helpful. ***The informant is either the legally authorized next of kin or the person, so designated, to handle the decedents affairs.

1	1. First Name (as indicated on birth certificate or passport)
	Middle Name
	Last Name
2. <input type="checkbox"/> Male <input type="checkbox"/> Female	2. Sex (please check appropriate box)
3	3. Social Security Number (U.S. or Canada)
4	4. Age
5	5. Date of Birth (month, day, year—written out)
6	6. Birthplace (city, state or foreign country)
7. <input type="checkbox"/> No <input type="checkbox"/> Yes – Branch:	7. United States Military Service (yes or no)
	8. Occupation (primary work throughout life/NOT Retired)
	9. Type of Business (as related to # 8 above)
10. <input type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	10. Legal Marital Status
11	11. Surviving Spouse (if wife, give maiden name)
12	12. Decedent Address (street and number)
	City, State, Zip
	County
13. <input type="checkbox"/> No <input type="checkbox"/> Yes – Specify:	13. Decedent of Hispanic or Haitian origin? (yes or no)
14	14. Race (American Indian, Black, White, Mixed, etc)
<input type="checkbox"/> 8th or less <input type="checkbox"/> HS no diploma <input type="checkbox"/> HS diploma or GED <input type="checkbox"/> College no degree <input type="checkbox"/> Assoc. <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Unknown	15. Education completed (mark you choice with "x")
16	16. Father's Name (first, middle, last)
17	17. Mother's Maiden Name (first, middle, maiden)
18	18. Informant's Name*** (first, middle, last)
19	19. Informant's Address (mailing address) City, State, Zip
20	20. Informant's Phone Number(s)
21	21. Relationship

I certify the following is true and correct. This information will be used to complete the death certificate. Brooks Cremation and Funeral Service will not be liable for any incorrect information.

(number) WITH the cause of death (Restricted Access) (number) WITHOUT the cause of death. I/We have consulted with our attorney/accountant and/or read the Brooks Cremation & Funeral Service website section on Death Certificates and HAVE ORDERED APPROPRIATLY.

I/ We will wish the death certificates be (check one)

held for pick up at the office, or sent to us at: _____

Signature _____