

Permit #

RECORD OF FUNERAL

Case #

1. DECEDENT'S NAME (First, Middle, Last, Suffix)					2. SEX	
3. DATE OF BIRTH (Month, Day, Year)		4a. AGE-Last Birthday Minutes	4b. UNDER 1 YEAR (Years)	4c. UNDER 1 DAY Days		5. DATE OF DEATH (Month, Day, Year) Hours
6. SOCIAL SECURITY NUMBER		7. BIRTHPLACE (City and State or Foreign Country)		8. COUNTY OF DEATH		
9. PLACE OF DEATH (Check only one)						
HOSPITAL:		<input type="checkbox"/> Inpatient	<input type="checkbox"/> Emergency Room/Outpatient	<input type="checkbox"/> Dead on Arrival	<input type="checkbox"/> Other (Specify)	
NON-HOSPITAL:		<input type="checkbox"/> Hospice Facility	<input type="checkbox"/> Nursing Home/Long Term Care Facility	<input type="checkbox"/> Descendant's Home	<input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not institution, give street address)			11a. CITY, TOWN, OR LOCATION OF DEATH		11b. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. MARITAL STATUS (Specify)			13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
<input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married						
14a. RESIDENCE - STATE		14b. COUNTY		14c. CITY, TOWN, OR LOCATION		
14d. STREET ADDRESS				14e. APT. NO.	14f. ZIP CODE	14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Indicates type of work done during most of working life.) Do not use "Retired"			15b. KIND OF BUSINESS/INDUSTRY			
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)						
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native (Specify tribe)				
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Asian (Specify)
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Pacific Isl. (Specify)	<input type="checkbox"/> Other (Specify)		
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? <input type="checkbox"/> Yes (If Yes, specify) <input type="checkbox"/> No						
<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Central/South American	<input type="checkbox"/> Other Hispanic (Specify)	<input type="checkbox"/> Haitian	
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed of time of death.)					19. WAS DESCENDANT EVER IN U.S. ARMED FORCES?	
<input type="checkbox"/> 8th or less	<input type="checkbox"/> High school but no diploma	<input type="checkbox"/> High school diploma or GED				
<input type="checkbox"/> College but no degree	<input type="checkbox"/> College degree (Specify)	<input type="checkbox"/> Associate	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate	
20. FATHER'S NAME (First Middle, Last, Suffix)			21. MOTHER'S NAME (First, Middle, Maiden Surname)			
22a. INFORMANT'S NAME			22b. RELATIONSHIP TO DECEDENT	23a. INFORMANT'S MAILING - STATE		
23b. CITY OR TOWN		23c. STREET ADDRESS			23d. ZIP CODE	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			25a. LOCATION - STATE	25b. LOCATION - CITY OR TOWN		
31a. (Signature and Title of Certifier)		31b. DATE SIGNED (mm/dd/yyyy)	32. TIME OF DEATH (24 hr)	33. MEDICAL EXAMINER'S CASE NUMBER		
34a. LICENSE NUMBER (of Certifier)	34b. CERTIFIER'S NAME		35. NAME OF ATTENDING PHYSICIAN (if other than Certifier)			
36a. CERTIFIER'S - STATE	36b. CITY OR TOWN		36c. STREET ADDRESS		36d. ZIP CODE	

I have read and carefully reviewed the above information given by me to Gulf Coast Cremations. I authorize Gulf Coast Cremations to obtain certified copies containing this information.

I understand that if at my request, the certified copies are mailed to me by Gulf Coast Cremations, that Gulf Coast Cremations assumes no responsibility for the certified copies lost in the mail.

I further understand that if an error results from my giving incorrect information to Gulf Coast Cremations, I will be charged \$100.00 plus any fees required by the Department of Vital Statistics to amend the death certificates.

Signature

Date

w/ cause

w/o cause

Total



Clear Form

Submit Form