

CREMATION

SOCIETY OF NEVADA

Affordable. Simple. Dignified.

VITAL STATISTICS

DECEASED'S NAME: _____

DECEASED'S ADDRESS: _____

CITY, STATE & ZIP: _____ COUNTY: _____

PLACE OF DEATH: _____

CITY, STATE & ZIP: _____ COUNTY: _____

GENDER: MALE FEMALE

RACE - ETHNICITY: _____

MARITAL STATUS: _____

CITIZEN: _____

BIRTHPLACE: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

LIVING: YES NO

LIVING: YES NO

OCCUPATION: _____

INDUSTRY: _____

SOCIAL SECURITY #: _____

IF VETERAN, NAME WAR AND BRANCH OF SERVICE: _____

RANK & SERVICE #: _____

HIGHEST EDUCATION: _____

OTHER INFORMATION: _____

BIOGRAPHICAL INFORMATION

LENGTH OF PRESENT RESIDENCE: _____ COMING FROM: _____

RELIGION: _____ CHURCH: _____

LIST CLUBS, ORGANIZATIONS, ACHIEVEMENTS: _____

SURVIVING RELATIVES

(PLEASE GIVE FULL NAME AND CITY & STATE OF RESIDENCE)

FATHER: _____ MOTHER: _____

SPOUSE (IF WIFE, GIVE MAIDEN NAME): _____

SONS: _____ BROTHERS: _____

DAUGHTERS: _____ SISTERS: _____

INFORMANT'S NAME & ADDRESS: _____

TELEPHONE #: _____

Please fill out and bring with you to your meeting with your funeral professional.

