

METROPOLITAN DIRECT CREMATION SERVICE FD# 2047

3002 Midvale Avenue, Suite 207

Los Angeles, California 90034

Phone: 310-475-7300 Fax: 310-475-4455

www.metropolitancremation.com

VITAL STATISTICAL INFORMATION FOR DEATH CERTIFICATION

This form is to be completed for the **deceased**. Please fill in **all** blanks.

Full Legal Name: _____

First Middle Last

Also known as (a.k.a.) (if applicable): _____

Sex: M _____ F _____ Race: _____ Age: _____

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone _____

Social Security: _____ Date of Birth: _____

Years in County: _____ Birth Place: _____

Years of Education: _____

Father's Name: _____ Birthplace: _____

Mother's Name: _____ Birthplace: _____

Surviving Spouse's Name: _____ Maiden: _____

Marital Status: Never Married _____ Married _____ Widowed _____ Divorced _____

Occupation: _____ Years in Profession: _____

Type of Business or Industry: _____ Veteran? Yes _____ No _____

Immediate Next of Kin: _____ Relationship: _____

Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Secondary Next of Kin: _____ Relationship: _____

Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

FOR MORE INFORMATION ON CEMTERY, FUNERAL AND CREMATION MATTERS, CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 NORTH MARKET BLVD SUITE S-208, SACRAMENTO CA 95834 Telephone (916) 574-7870

Please complete this form carefully. Errors can result in additional fees and delay the receipt of certified copies of death certificates. Metropolitan Direct Cremation Service is not liable for costs or delays resulting from incorrect information.

SIGNATURE: _____ DATE: _____