

| <b>SACRED SPACE MEMORIAL ~ VITAL INFORMATION FORM</b><br>(Required for non-Medical portion of the Death Certificate)<br>Please type or print as clearly as possible. All information will be transcribed onto the official death certificate. THANK YOU.                |  |   |  |   |
|---|--|---|--|---|
| 1. NAME OF DECEDENT- FIRST  |  | 2. MIDDLE   |  | 3. LAST   |
| 4. AKA. ALSO KNOWN AS ~ Include full AKA (FIRST, MIDDLE, LAST)  |  | 5. DATE OF BIRTH mm/dd/yyyy   |  | 6. AGE  |
|   |  |   |  | 7. SEX<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE   |
| 8. BIRTH STATE/ FOREIGN COUNTRY   |  | 9. SOCIAL SECURITY NUMBER   |  | 10. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN |
| 11. MARITAL STATUS (Check One)<br><br><input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CALIF. REG. DOMESTIC PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN |  |   |  |   |
| 12. EDUCATION - HIGHEST LEVEL / DEGREE  |  | 13. WAS DECEDENT SPANISH/HISPANIC/LATINO<br><input type="checkbox"/> YES: _____ <input type="checkbox"/> NO |  | 14. RACE  |
| 15. OCCUPATION - Type of work most of life. DO NOT USE RETIRED  |  | 16. KIND OF BUSINESS (e.g. grocery store, education, etc.)  |  | 17. YEARS IN OCCUPATION   |
| 18. DECEDENT'S HOME ADDRESS (Street and number)   |  |   |  |   |
| 19. DECEDENT'S CITY OF RESIDENCE  |  | 20. COUNTY/PROVINCE   |  | 21. YEARS IN COUNTY   |
|   |  |   |  | 22. STATE/FOREIGN COUNTRY   |
|   |  |   |  | 23. ZIP CODE  |
| 24. INFORMANT'S NAME  |  | 25. RELATIONSHIP  |  | 26. INFORMANT'S MAILING ADDRESS (Street and number)   |
|   |  |   |  |   |
| 27. INFORMANT'S CITY, STATE, AND ZIP  |  | 28. INFORMANT'S PHONE NUMBER (with Area Code)   |  |   |
|   |  |   |  |   |
| 29. NAME OF SPOUSE (If living)  |  | 30. MIDDLE  |  | 31. LAST (If wife, enter Maiden Name)   |
|   |  |   |  |   |
| 32. NAME OF DECEDENT'S FATHER- FIRST  |  | 33. MIDDLE  |  | 34. LAST  |
|   |  |   |  | 35. BIRTH STATE   |
| 36. NAME OF DECEDENT'S MOTHER- FIRST  |  | 37. MIDDLE  |  | 38. LAST (Maiden Name)  |
|   |  |   |  | 39. BIRTH STATE   |
| 40. FINAL DISPOSITION (Check One) <b>IF CREMATION - FINAL DISPOSITION OF CREMATED REMAINS (Check One)</b><br><input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> RESIDENCE <input type="checkbox"/> SEA SCATTER                 |  |   |  |   |
| 41. PLACE OF FINAL DISPOSITION - FULL NAME, ADDRESS AND ZIP OF PERSON(S) WHO WILL KEEP CREMAINS AT THEIR RESIDENCE, OR CEMETERY NAME, ADDRESS AND ZIP OR LOCATION WHERE CREMAINS ARE TO BE SCATTERED  |  |   |  |   |
| 42. PHYSICIAN'S NAME  |  | 43. PHYSICIAN'S PHONE AND FAX<br>PH:<br>FAX:  |  | 44. NUMBER OF CERTIFIED COPIES<br>(of Death Certificate)  |
| 45. PHYSICIAN'S ADDRESS   |  | 46. HOW DID YOU HEAR ABOUT US?  |  |   |
|   |  |   |  |   |

I have read the above information, and state that it is true & correct, and release Sacred Space Memorial FDR 3424 from any charges that may occur in the correction of the original certificate due to this information.

**SIGN  
HERE**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_