PREMIER
FUNERAL SERVICES
AND CREMATIONS, INC.

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www.premierfuneralservices.com email: johnrknapik@gmail.com

Decedent's Name: (First, Middle, Last, Suffix)						Sex: Male ☐ Female ☐
Date of Birth: (month/day/year)	Age Last Birthday	If Under 1 year:		If Under 1 day:		Date of Death: (month/day/year)
	Years	Months	days	hours	minutes	
Social Security Number:	Birthplace: (City and State or Foreign Country)			County of Death:		

Place of Death: (Check only one)
Hospital: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
Non-Hospital: ☐ Hospice Facility ☐ Nursing Home/Long Term Care Facility ☐ Decedent's Home ☐ Other_____

Facility Name: (if not institution, give street address)	City, Town or Location of Death:	Inside City Limits? ☐ Yes ☐ No
Marital Status: (specify) ☐ Married ☐ Married, but Separated ☐ Widowed ☐ Divorced ☐ Never Married	Surviving Spouse's Name: (if wife, give maiden name)	
Residence – State:	County:	City, Town, or Location:
Street Address:	Apt. No. / Zip Code	Inside City Limits? ☐ Yes ☐ No
Decedent's Usual Occupation: (Indicate type of work done during most of working life) (Do Not use "retired")	Kind of Business/Industry:	

Decedent's Race: (Specify the race/races to indicate what Decedent considered himself/herself to be. More than one race may be specified)

☐ White ☐ Black or African American ☐ American Indian or Alaskan Native (Specify Tribe)

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (Specify)

☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl. (Specify)

Decedent of Hispanic or Haitian Origin? (If yes, specify) ☐ Yes ☐ No
☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Central/South American ☐ Other Hispanic (Specify) ☐ Haitian

Decedent Education: (Specify the decedent's highest degree or level of school completed at time of death)
☐ 8th or less ☐ High School, but no diploma ☐ High School Diploma or GED
☐ College, but no degree College Degree (specify) ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate

Was Decedent ever in U.S. Armed Forces? ☐ Yes ☐ No

Father's Name: (First, Middle, Last, Suffix)	Mother's Name: (First, Middle, Maiden Surname)		
Informant's Name	Relationship to Decedent		
Informant's Street Address	City or Town	State	Zip Code
Place of Disposition: (Name of Cemetery, crematory, or other place)	Location - State	Location – City or Town	
Contact Information - Phone	Cell:	Time of Death:	
Certified Copies Requested With Cause: Without Cause:	Physician to sign	Phone	
Physician Address:	City	State	Zip Code

Approved:

Please review carefully before approving this information. You will be responsible for any amendment fees and attorney/court costs necessary due to incorrect information listed on this form.