



**PREMIER**  
**FUNERAL SERVICES**  
**AND CREMATIONS, INC.**

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

Decedent's Name: (First, Middle, Last, Suffix)					Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
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:	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Emergency Room/Outpatient	<input type="checkbox"/> Dead on Arrival		
	Non-Hospital:	<input type="checkbox"/> Hospice Facility	<input type="checkbox"/> Nursing Home/Long Term Care Facility	<input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other_____		
Facility Name: (if not institution, give street address)			City, Town or Location of Death:		Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: (specify)				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						
Residence - State:		County:		City, Town, or Location:		
Street Address:				Apt. No.	Zip Code	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> 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)						
<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)						
Decedent of Hispanic or Haitian Origin? (If yes, specify)						
<input type="checkbox"/> Yes <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		
Decedent Education: (Specify the decedent's highest degree or level of school completed at time of death)					Was Decedent ever in U.S. Armed Forces?	
<input type="checkbox"/> 8 <sup>th</sup> or less <input type="checkbox"/> High School, but no diploma <input type="checkbox"/> High School Diploma or GED					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<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						
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.						