

Ayres Family Cremation - Vital Statistics Form

Please provide the following information exactly as it should appear on the Death Certificate:

Decedent's Name:

_____ First _____ Middle _____ Last

Date of Birth: _____ **Age:** _____ **Sex:** _____

Birth State or Foreign Country: _____ **SSN:** _____

Veteran? Yes / No / Unknown **Marital Status:** _____

Date of Death: _____ **Time of Death:** _____

Highest Level of Education: _____ **Hispanic/Latino/Spanish Descent?** Yes / No

Race (up to 3 may be listed): _____

If answer is "Yes" above, please specify

Occupation for Most of Life: _____

Kind of Business or Industry: _____

Number of Years in Occupation: _____

Physical Address: _____

Number of Years in County: _____

Informant's Name: _____ **Relationship:** _____

Informant's Mailing Address: _____

Name of Surviving Spouse: _____

_____ First _____ Middle _____ Last/Maiden

Name of Father/Parent: _____ **Father's Birth State:** _____

_____ First _____ Middle _____ Last/Maiden

Name of Mother/Parent: _____ **Mother's Birth State:** _____

_____ First _____ Middle _____ Last/Maiden

Place of Final Disposition: _____

I hereby certify that the foregoing is true and correct to the best of my knowledge:

Preparer's Signature: _____ **Date:** _____