

National Cremation Society

CONFIDENTIAL STATISTICAL FORM

The information in this form is for the person whom arrangements are being made ("Beneficiary"). This completed form will make it possible to directly process all necessary documents required by state and local agencies with minimum delays.

Name _____
First Middle Last Maiden Name

Address _____
Street Address City State Zip

Is address inside of city limits? ____ Yes ____ No

County of residence _____

Social Security Number _____ Sex _____

Date of Birth _____ Birthplace _____

Race _____ City & State or Foreign Country
Of Hispanic or Haitian origin? ____ Yes ____ No

If yes, specify (Haitian, Cuban, Puerto Rican, Mexican, etc.) _____

Father's name _____
First Middle Last

Mother's name _____
First Middle Last (use maiden name)

Military? ____ Yes ____ No If yes, specify branch of military and Serial # _____

Married, Never Married, Widowed, Divorced, Married but Separated (circle one)

Spouse's name _____ Spouse deceased? Yes / No
First Middle Last (use maiden name)

Usual occupation _____

Business type or industry _____ Prior to Retirement

Education (*highest completed*) Elementary(1-12) ____ College (1-4 or 5+) ____ Type of degree _____

Did Beneficiary have a pacemaker? ____ Yes ____ No

Number of living children at time of arrangement _____

List names & phone numbers of living children:

Name of Person in Charge of arrangements at the time of Beneficiary's death:

Relationship _____ Telephone Number _____

I do hereby warrant that all information, statements and representations made herein are true and correct.

Signed _____ Date _____

6505 Nicollet Ave. South, Richfield Minnesota 55423

Phone 612-869-3418 Fax 612-869-3657 www.nationalcremation.com/state/minnesota