

NATIONAL CREMATION SERVICE

716 West North Street, Raleigh, NC 27603 919-235-3337

LOCATION NO.	CONTRACT NO.	DIRECTOR
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CHECK APPROPRIATE BOX/BOXES BELOW

CREMATION	PRE-NEED	WALK-IN	SHIP-IN	SHIP-OUT	PROF-COURTESY
HMIS CASE NO.			EMAIL ADDRESS		
INFORMANT'S NAME:		TELEPHONE NUMBER	CELL NUMBER		

VITAL STATISTICS

REGISTRATION DISTRICT NO. _____ LOCAL NO. _____ COUNTY OF DEATH _____ STATE FILE NO. _____

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)	DECEDENT'S LEGAL NAME				
	1a. FIRST	1b. MIDDLE		1c. LAST	1d. SUFFIX
	1e. LAST NAME PRIOR TO FIRST MARRIAGE				
	aka _____ aka _____ aka _____				
	2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR	3c. UNDER 1 DAY	4. DATE OF BIRTH (Month/Day/Year)
	5. BIRTHPLACE (County/State or Foreign Country)				6. DATE OF DEATH (Month/Day/Year)
	7a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				
	7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A 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 (Specify)				
	7c. FACILITY NAME (If not institution, give street and number)			7d. CITY OR TOWN	
	7e. COUNTY OF DEATH			7f. COUNTY OF DEATH	
8. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE (if wife, give name prior to first marriage)		10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	
10b. KIND OF BUSINESS/INDUSTRY					
11. SOCIAL SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY		12b. COUNTY		
12c. CITY OR TOWN					
12d. STREET AND NUMBER			12e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No		
12f. ZIP CODE		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
19a. INFORMANT'S NAME		19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		20c. LOCATION (City or Town and State)	
21a. SIGNATURE OF FUNERAL DIRECTOR		21b. LICENSE NUMBER	21c. NAME OF EMBALMER		
21d. LICENSE NUMBER					
22. NAME AND ADDRESS OF FUNERAL HOME					

DOCTOR'S NAME	NOTES
DOCTOR'S ADDRESS	DOCTOR'S TELEPHONE NO.