

Loma Vista Mortuary

FD1488

Vital Statistical Information

NAME OF DECEDENT – FIRST (Given)		MIDDLE		LAST (Family)					
AKA, ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)			DATE OF BIRTH	AGE Yrs.	IF UNDER 1 YR Months Days		IN UNDER 24 HRS Hours Minutes		SEX
BIRTH STATE/FOREIGN CTRY	SOCIAL SECURITY #	U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARITAL STATUS		DATE OF DEATH		HOUR (24 Hrs)	
EDUCATION – Highest Level/Degree		WAS DECEDENT SPANISH/HISPANIC/LATINO? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		DECEDENT'S RACE –					
USUAL OCCUPATION – Type of work for most of life DO NOT USE RETIRED			KIND OF BUSINESS OR INDUSTRY				YRS IN OCCUPATION		
DECEDENT'S RESIDENCE (Street and number or location)									
CITY		COUNTY/PROVINCE		ZIP CODE		YRS IN COUNTY		STATE/FOREIGN COUNTRY	
INFORMANT'S NAME, RELATIONSHIP			INFORMANT'S MAILING ADDRESS						
NAME OF SURVIVING SPOUSE – FIRST		MIDDLE		LAST (Maiden Name)					
NAME OF FATHER – FIRST		MIDDLE		LAST				BIRTH STATE	
NAME OF MOTHER – FIRST		MIDDLE		LAST (Maiden Name)				BIRTH STATE	
MANNER AND PLACE OF FINAL DISPOSITION									

Will the decedent be cremation? YES NO

At an additional fee, cremation by appointment is available.

If cremation was chosen: Will you be witnessing the cremation? YES NO

I have found that the above information is correct and true to the best of my knowledge.

Signed: _____ Relationship to Deceased: _____

Date: _____