

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 COUNTRY	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 cremated? 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: _____