

# NEVADA FUNERAL SERVICES

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Case Number:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Hour: \_\_\_\_\_ Doctor: \_\_\_\_\_

## Vital Statistics

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| Deceased's Address   |  | City - State - Zip   |   | County  |  |
| Place of Death   |  | City - State - Zip   |   | County  |  |
| Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |  | Race - Ethnicity   |   | Marital Status  |  |
| Birthplace   |  | Date of Birth  |   | Citizen   |  |
| Father's Name (First - Middle - Last)                                |  |  | Mother's Name (First - Middle - Maiden) |   |  |
| Occupation (Please don't put retired)                                |  |  | Industry                                |   |  |
| Social Security Number   |  | Surviving Spouse (If wife, give Maiden name)                                       |   |   |  |
| Veteran<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Would you like a flag?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | Branch of Military  |  |
|  |  |  |   | VA Interment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Informant's Name   |  | Informant's Address  |   | City - State - Zip  |  |
|  |  |  |   | Informant's Phone Number  |  |
| Informant's Relationship to Decedent                                 |  | Hospice  |   | Cemetery  |  |
| Decedent's Highest Education   |  | Decedent's # of Years in School  |   | Decedent's Degree   |  |

Number of Death Certificates: \_\_\_\_\_

Final Disposition:  Cremation  Burial