

Save and e-mail this completed form to: cityfuneralsvc@aol.com

INFORMATION WE NEED TO COMPLETE THE CERTIFICATE OF DEATH

DECEDENT INFORMATION:

1) Full Name _____

2) Place of death _____ 3) Date of death _____

4) Medical Examiner Case Number _____

5-A) Was the decedent of Hispanic or Haitian origin? Yes (complete 4-B) below or No

6-B) If "Yes" to questions 4-A, please specify: Haitian Cuban Mexican

Puerto Rican Other (specify) _____

7) Race: African-American/Black Caucasian/White American Indian or Alaska Native

Asian Native Hawaiian or other Pacific Islander Other _____

8-A) Marital status: Single/Never married Married/separated Widowed Divorced

8-B) If married, name of surviving spouse (include maiden name) _____

9-A) Decedent's street address _____

10-B) City _____ 10-C) State _____ 10-D) Zip code _____

11-A) Date of birth _____ 11-B) Age _____

11-C) Place of birth (City & state or foreign country) _____

12) Father's Name _____

10) Mother's Name (include mother's maiden name) _____

14) Social Security # _____

15-A) Last occupation (Do NOT enter "retired") _____

15-B) Type of business _____

15-C) Last employer _____

16) Highest Education: 8th grade or less 9-12 (no diploma) high school grad or GED

Some college credits (no degree) Associates degree Bachelors degree Masters degree

Doctorate or other professional degree

17-A) U.S. Armed Services Service? Yes No 17-B) If "Yes", branch of service _____

17-C) If veteran, dates of service _____ 17-D) Rank _____

YOUR INFORMATION

Full Name _____

Relationship to the decedent _____

Street address _____

City _____ State _____ Zip Code _____

Telephone (include area code) _____

E-Mail Address _____

PACEMAKER DISCLOSURE

Does the decedent have a pacemaker or other implanted radioactive device? Please check one:

Yes No

If you answered "Yes", this (or these) devices **MUST BE REMOVED** prior to the cremation. Pacemakers can explode during the cremation process and cause injury to crematory personnel or severe damage to the cremation chamber. There is **NO CHARGE** for Funeral Home personnel to remove a pacemaker.

DEATH CERTIFICATES

How many copies of the certificate of death do you want us to order for you? You will need these certificates – also called *certified copies* or *transcripts* – to settle insurance claims, close or transfer bank accounts, auto or boat transfer of title, Veteran's claims, and other estate matters.

Death certificates cost \$15.00 per copy in New York City. Honorably discharged veterans receive three (3) free copies in New York City only. Proof of honorable discharge – a DD-214 – is required.

Outside New York City, death certificates are \$10.00 per copy. The cost of death certificates in other states varies by state and county.

of copies we should secure for you _____

DISPOSITION OF CREMATED REMAINS

CITY FUNERAL SERVICE is hereby authorized to dispose of the cremated remains as follows.

Please check one:

_____ Hold at Funeral Home. Either my representative or I will claim them on (insert date): _____

_____ Arrange for Atlantic Ocean scattering (extra charges apply – call our office for fees)

_____ The decedent was an honorably discharged veteran. Please arrange for the cremated remains to be interred in Calverton National Cemetery. Honorable Discharge certificate (DD-214) is required for this option.

_____ Forward the cremated remains (via US Postal service) to:

Name of person/funeral home/cemetery) _____

Street address _____

City _____ State _____ Zip code _____

Telephone (include area code) _____

PAYMENT INFORMATION

Credit Card Number: _____

Expiration Date: _____ / _____ CVV2/Security Code: _____

Cardholder Name: _____

Billing address _____

City _____ State _____ Zip code _____

Telephone (include area code) _____

Cardholder Signature: _____

**IF YOU HAVE ANY QUESTIONS, CALL CITY FUNERAL SERVICE AT:
(914) 963-4499**

CITY FUNERAL SERVICE
23 Lockwood Avenue
Yonkers, New York 10701
www.nycremation.com