CITY FUNERAL SERVICE

STATISTICAL INFORMATION TO COMPLETE THE CERTIFICATE OF DEATH

DECEDENT INFORMATION:

| 1) Full Name | | | | | | |
|---|------------------|------------------|----------------------------|--|--|--|
| 2) Place of death | | | 3) Date of death | | | |
| 4-A) Was the decedent of Hispanic or Haitian origin? | | | | | | |
| 4-B) If "Yes" to questions 4-A, please specify: Haitian Cuban Mexican | | | | | | |
| Puerto Rican Other (specify) | | | | | | |
| 5) Race: 🗆 African-American/Black 🗆 Caucasian/White 🗆 American Indian or Alaska Native | | | | | | |
| \Box Asian \Box Native Hawaiian or other Pacific Islander \Box Other | | | | | | |
| 6-A) Marital status: Single/Never married Married Separated Widowed Divorced | | | | | | |
| 6-B) If married, name of surviving spouse (include maiden name) | | | | | | |
| 7-A) Decedent's street address | | | | | | |
| 7-B) City | | _7-C) State | 7-D) Zip code | | | |
| 8-A) Date of birth | | | 8-B) Age | | | |
| 8-C) Place of birth (City & state or foreign country) | | | | | | |
| 9) Father's Name | | | | | | |
| 10) Mother's Name (include mother's maiden name) | | | | | | |
| 11) Social Security # | | | | | | |
| 12-A) Last occupation (DO NOT enter "Retired") | | | | | | |
| 12-B) Type of business | | | | | | |
| 12-C) Last employer | | | | | | |
| 13) Highest Education: \square 8 th grade or less \square 9-12 (no diploma) \square high school grad or | | | | | | |
| | Some college | e credits (no de | egree) 🛛 Associates degree | | | |
| | Bachelor's de | egree 🛛 Mast | er's degree | | | |
| | Doctorate or | other Professio | nal degree | | | |
| 14-A) U.S. Armed Servio | es Service? 🗆 Ye | es 🗆 No | | | | |
| 14-B) If "Yes", branch of | service | | | | | |
| 14-C) If veteran, dates of service from to | | | to | | | |
| 14-D) Rank | | | | | | |

CITY FUNERAL SERVICE STATISTICAL INFORMATION SHEET PAGE # 2 of 3 PAGES

YOUR INFORMATION

| Full Name | | | | | |
|---------------------------------|-------|----------|--|--|--|
| Relationship to the Decedent | | | | | |
| Street address | | | | | |
| City | State | Zip Code | | | |
| Telephone (including area code) | | | | | |
| Email 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 City Funeral Service 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 CITY FUNERAL SERVICE should secure for you_____

CITY FUNERAL SERVICE STATISTICAL INFORMATION SHEET PAGE # 3 of 3 PAGES

DISPOSITION OF CREMATED REMAINS

CITY FUNERAL SERVICE is hereby authorized to dispose of the cremated remains as follows. Please check one:

Hold at CITY FUNERAL SERVICE. Either my representative or I will claim them on (insert date):

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

Arrange for a South Sea (off Maui Island) 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

□Long Island National Cemetery

Another National Cemetery

Please note: An Honorable Discharge Certificate (DD-214) is required for these options.

_Forward the cremated remains (via USPS Express Mail) to:

Name of Person/Funeral Home/Cemetery_____

Street address

| City | State | Zip code |
|----------|-------|----------|
| <i>.</i> | | · · |

Telephone (include area code)_____

Email address_____

IF YOU HAVE ANY QUESTIONS, CALL CITY FUNERAL SERVICE AT: (877) 274-5152 or (914) 963-4499

CITY FUNERAL SERVICE 23 Lockwood Avenue Yonkers, New York 10701

Serving New York City, Nassau, Suffolk and Westchester counties.

City Funeral Service is independently owned and operated and not affiliated with any national or international funeral service corporation.