

Philadelphia **Cremation**
SOCIETY
CALL ANYTIME! (610) 572-7078

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COMMONWEALTH OF PENNSYLVANIA · DEPARTMENT OF HEALTH · VITAL RECORDS

VITAL STATISTICS FOR CREMATION ARRANGEMENT

State File No. _____

1. Decedent's Legal Name (First, Middle, Last, Suffix)	2. Sex <input type="checkbox"/> M <input type="checkbox"/> F	3. Social Security Number	4a. Date of Death M/D/Y	5. Date of Birth M/D/Y
			4b. Age on Last Birthday	

RESIDENCE

6a. Residence Street Address	6b. Apt./Suite	6c. City	6d. State/Province
6e. Zip Code	6f. County	6g. Inside City Limits?	

BIRTHPLACE

7a. Birthplace City	7b. County	7c. State/Province
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8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Marital Status at time of death <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
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10. Surviving Spouse's Name (First, Middle, Maiden)	11. Father's Name (First, Middle, Last)	12. Mother's Name (First, Middle, Maiden Last)
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13a. Informant's Name	13b. Relationship to Decedent	13c. Mailing Address (Street, City, State, Zip Code)
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14. Decedent's Education That best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less. <input type="checkbox"/> 9th - 12th grade, no diploma. <input type="checkbox"/> High school graduate or GED completed. <input type="checkbox"/> Some college credit, but no degree. <input type="checkbox"/> Associate Degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	15. Decedent of Hispanic Origin? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino Specify _____	16. Decedent's Race Decedent considered himself or herself to be. <input type="checkbox"/> Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other _____
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17. Decedent's Usual Occupation Indicate type of work done during most of working life. DO NOT USE RETIRED.	18. Kind of Business/Industry
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19. Signature	20. Number of Certified Copies
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