

**VITAL INFORMATION FORM**

(REQUIRED FOR NON-MEDICAL PORTION OF DEATH CERTIFICATE)

**PLEASE TYPE OR PRINT CLEARLY****OPAL**  
**CREMATION**

|   |  |  |   |  |        |
|---|--|--|---|--|--------|
| 1. NAME OF DECEDENT-FIRST (GIVEN)   |  | 2. MIDDLE  |   | 3. LAST (FAMILY)   |        |
| 4. AKA, ALSO KNOWN AS - INCLUDE FULL FIRST, MIDDLE, LAST  |  |  | 5. DATE OF BIRTH                                  |  | 6. SEX |
| 7. BIRTH STATE/ FOREIGN COUNTRY   |  | 8. SOCIAL SECURITY NUMBER  |   | 9. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN |        |
| 10. MARITAL STATUS<br><br><input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CA. REG. DOM. PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN  |  |  |   |  |        |
| 11. EDUCATION (HIGHEST LEVEL OR DEGREE COMPLETED) PLEASE CHECK ONE<br><br><input type="checkbox"/> 0 (DID NOT COMPLETE ONE YEAR) <input type="checkbox"/> (GRADES 1-11) _____ GRADE <input type="checkbox"/> GRADE 12, NO DIPLOMA <input type="checkbox"/> H.S. DIPLOMA/ G.E.D. <input type="checkbox"/> SOME COLLEGE (NO DEGREE)<br><br><input type="checkbox"/> ASSOCIATE (e.g., AA, AS) <input type="checkbox"/> BACHELOR'S (e.g., BA, AB, BS) <input type="checkbox"/> MASTER'S (e.g., MA, MS, MEng, MEd, MBA) <input type="checkbox"/> DOCTORATE OR PROFESSIONAL (e.g., PhD) |  |  |   |  |        |
| 14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? IF YES, PLEASE INDICATE<br><input type="checkbox"/> YES _____ <input type="checkbox"/> NO  |  |  | 15. DECEDENT'S RACE - UP TO 3 RACES MAY BE LISTED |  |        |
| 16. USUAL OCCUPATION FOR MOST OF LIFE <b>DO NOT USED RETIRED OR UNEMPLOYED</b>  |  | 17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real estate, etc) |   | 18. YEARS IN OCCUPATION  |        |
| 19. DECEDENT'S RESIDENCE (STREET AND NUMBER OR LOCATION)  |  |  |   |  |        |
| 20. CITY  |  | 21. COUNTY/PROVINCE  |   | 22. ZIP CODE   |        |
| 23. YEARS IN COUNTY   |  | 24. STATE/FOREIGN COUNTRY  |   |  |        |
| 25. INFORMANT'S NAME  |  | 26. INFORMANT'S RELATIONSHIP   |   | 27. INFORMANT'S CONTACT NUMBER (WITH AREA CODE)  |        |
| 28. INFORMANT'S MAILING ADDRESS (STREET AND NUMBER LOCATION)  |  | 29. INFORMANT'S CITY, STATE AND ZIP                                      |   |  |        |
| 30. NAME OF SURVING SPOUSE/SRDP-FIRST   |  | 31. MIDDLE   |   | 32. LAST <b>(MAIDEN NAME)</b>  |        |
| 33. NAME OF DECEDENT'S FATHER - FIRST   |  | 34. MIDDLE   |   | 35. LAST   |        |
| 36. BIRTH STATE   |  | 37. NAME OF DECEDENT'S MOTHER FIRST                                      |   | 38. MIDDLE   |        |
| 39. LAST <b>(MAIDEN NAME)</b>   |  | 40. BIRTH STATE  |   |  |        |
| 41. FINAL DISPOSITION (CHECK ONE) <input type="checkbox"/> BURIAL <input type="checkbox"/> RESIDENCE <input type="checkbox"/> SEA SCATTER BY ACC <input type="checkbox"/> SEA SCATTER BY FAMILY   |  |  |   |  |        |
| 42. NAME AND ADDRESS OF PERSON(S) WHO WILL KEEP CREMATED REMAINS AT THEIR RESIDENCE, OR CEMETERY NAME AND ADDRESS OR COUNTY OF OCEAN WATER CREMATED REMAINS WILL BE SCATTERS IN.  |  |  |   |  |        |

Contact Opal Cremation 24 x 7 x 365 | 888- 963-2299

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