### **CITY FUNERAL SERVICE**

### STATISTICAL INFORMATION TO COMPLETE THE CERTIFICATE OF DEATH

### **DECEDENT INFORMATION:**

1) Full Name			
2) Place of death			
<b>4-A)</b> Was the decedent of Hispanic or Haitian origin? ☐ Yes (complete 4-B) below or ☐ No			
<b>4-B)</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			
☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ Other			
<b>6-A)</b> 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			
<b>7-B)</b> City <b>7-C)</b> State <b>7-D)</b> Zip code			
<b>8-A)</b> Date of birth			
8-C) Place of birth (City & state or foreign country)			
9) Father's Name			
10) Mother's Name (include mother's maiden name)			
<b>11)</b> Social Security #			
12-A) Last occupation (Do NOT entered "retired")			
12-B) Type of business			
12-C) Last employer			
<b>13)</b> Highest Education: ☐ 8 <sup>th</sup> 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			
<b>14-A)</b> U.S. Armed Services Service? ☐ Yes ☐ No <b>14-B)</b> If "Yes", branch of service			
<b>14-C)</b> If veteran, dates of service <b>14-D)</b> Rank			

## YOUR INFORMATION Full Name Relationship to the decedent Street address City\_\_\_\_\_ State\_\_\_\_ Zip Code\_\_\_\_\_ Telephone (include area code)\_\_\_\_\_ 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 CERTFICATES** 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\_\_\_\_\_

#### **DISPOSITION OF CREMATED REMAINS**

CITY FUNERAL SERVICE is hereby authocheck one:	rized to dispose of	the cremated remains as follows. Please	
Hold at CITY FUNERAL SERVICE.	. Either my represe	entative or I will claim them on (insert	
date):			
Arrange for Atlantic Ocean scattering	ng (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. Honorable Discharge certificate (DD-214) is required for this option.			
Forward the cremated remains (via	registered Parcel	Post service) to:	
Name of person/funeral home/cemetery)			
Street address			
City	State	Zip code	
Telephone (include area code)			

# 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.