



FUNERAL HOME & CREMATION RELATED SERVICES, INC

Today's Date

Name of Deceased _____ Race _____

Place of Death _____ Phone # () _____

Date of Death _____ Time of Death _____

Doctor Information _____ Phone # () _____

Last Known Address _____ Apt# _____ Phone#() _____

State _____ City _____ County _____ ZIP _____

Date of Birth _____ Place of Birth _____

AGE _____ Social Security # _____ Marital Status _____

Occupation _____ Industry _____ Education _____ Veteran _____

Fathers Name _____ Mothers Maiden Name _____

Informants Name _____ Relationship _____

Address _____ Apt# _____ City _____

County _____ State _____ ZIP code _____

Phone # House _____ Phone # cell _____

Burial / Cremation _____ Date of Service _____

Cemetery /Crematory _____ Place of Service _____

Address of Service _____ Approximate Weight _____

Number of certified copies of the death certificate _____

Please Sign that this information is correct _____

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