

## At-need Death Certificate Information- Direct Cremation Services of Virginia

Name of Decedent			Social Security Number		
Date of Death		Time of Death (24hr)		Facility Type	
Facility or Place of Death <i>(if not institution, give street address)</i>			HOSPITAL		<input type="checkbox"/> Inpatient <input type="checkbox"/> E R / Outpatient <input type="checkbox"/> Dead On Arrival <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify):
			NON-HOSPITAL		Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No  Pacemaker <input type="checkbox"/> Yes <input type="checkbox"/> No
City of Death		County of Death		State of Death	
Date of Birth		Place of Birth <i>(City, State or Foreign Country)</i>		Citizen of What Country	
Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch & Years of Service <i>(if Veteran)</i>		
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married					
Spouse <i>(First, Middle, Married Name)</i>			Spouse's Maiden Name		
Decedent's Race or Races <i>(More than one race may be specified)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify 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 (Specify) _____					
Of Hispanic or Haitian origin? <input type="checkbox"/> Yes (if Yes, specify) <input type="checkbox"/> No		<input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Central/South American <input type="checkbox"/> Haitian	
Education: Highest Grammar Grade Completed _____ <input type="checkbox"/> High School, no diploma <input type="checkbox"/> High School diploma or GED Years of College Completed _____ Highest College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate					
Decedent's Occupation (Kind of work done the longest)			Industry (Description & Company Name)		
Father's Name (First, Middle, Last)		Mother's Name (First, Middle, Last)		Mothers Maiden Surname	
Decedent's Last Legal Residence Address <i>(Street Address - No PO Box)</i>				Apt No.	City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Decedent's City of Residence			Decedent's County of Residence		
State		Zip Code		(NOTE: In the case of patients in a nursing or convalescent home, the place where the deceased lived prior to admission should be used.)	
Contact Name <i>(Person Providing this Information)</i>			Relationship to Decedent		
Contact Mailing Address <i>(Street, City, State, Zip Code)</i>					
Contact information <i>(Telephone, Cell Phone, etc)</i>			Contact (Email)		
Number of Certified Death Certificates Requested		Address To Send Certified Death Certificates To			

Approved: \_\_\_\_\_

**Please review carefully before approving this information. You will be responsible for any amendment fees and attorney/court costs necessary due to incorrect information listed on this form.**