Direct Cremation Services of Virginia - Preneed Vital Statistic Information

Name of **Insured**

Social Security Number

Date of Birth

Place of Birth ***(City, State or Foreign Country)***

Citizen of What Country

Age

Gender ☐ Male ☐ Female

US Veteran? ☐ Yes ☐ No

Branch & Years of Service ***(if Veteran)***

Marital Status ☐ Married ☐ Married, but Separated ☐ Widowed ☐ Divorced ☐ Never Married

Surviving Spouse ***(First, Middle, Maiden)***

If Insured was widowed or divorced, please provide the last Spouse's name.

Decedent's Race or Races ***(More than one race may be specified)***

☐ White ☐ Black or African American ☐ American Indian or Alaskan Native (Specify tribe)
☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (specify)
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl (specify)
☐ Other (Specify)

Of Hispanic or Haitian origin? ☐ Yes (if Yes, specify) ☐ No

☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Central/South American
☐ Other (specify) ☐ Haitian

Education: _____ Highest Grade Completed ☐ High School, no diploma ☐ High School diploma or GED

_____ Years of College Completed College degree (Specify): ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate

Insured's Occupation (Kind of work done the longest)

Industry (Description & Company Name)

Father's Name (First, Middle, Last)

Mother's Name (First, Middle, Maiden Surname)

Insured's Last Legal Residence Address ***(Street Address - No PO Box)***

Apt No.

City Limits? ☐ Yes ☐ No

Insured's City of Residence

Insured'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 ***(Person Providing this Information)***

Relationship to **Insured**

Contact Mailing Address ***(Street, City, State, Zip Code)***

Contact Information ***(Telephone, Cell Phone, etc)***

Contact (Email)

Contact's Social Security

Contact's Date of birth

Print Form

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.

Call: 703-584-4927 - Fax: 703-677-8745 - Email: Forms@DirectCreamtionServicesofVirginia.com