

Jersey Shore Cremation Service

Statistical information needed to complete a Death Certificate

Name (*First – Middle – Last*):

Address:

Date of Birth:

Place of Birth (*City, State*):

Social Security Number:

U.S. Veteran: YES or NO

If yes, Name of war & Dates served:

Father's Name:

Mother's Name

(*Name given on birth certificate / First & Maiden*):

Marital Status of the person you are making arrangements for. (*Please select one*):

- | | | |
|--|---|--|
| <input type="checkbox"/> Single/Never Married | <input type="checkbox"/> Widowed | <input type="checkbox"/> Domestic Partner |
| <input type="checkbox"/> Married | <input type="checkbox"/> Civil Union Partner | <input type="checkbox"/> Domestic Partner Terminated |
| <input type="checkbox"/> Married, but Separated Partner (Deceased) | <input type="checkbox"/> Civil Union Dissolved | <input type="checkbox"/> Domestic Partner (Deceased) |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Civil Union (Deceased) | <input type="checkbox"/> Unknown |

Name of Surviving Spouse

(*Name given on birth certificate*):

Highest Level of Education Completed (*Please select one*):

- Grade 8 or less
- Grade 9 – 12, no diploma
- High school graduate or GED
- Some college credit, no degree
- Associate degree (AA, AS)
- Bachelor's degree (BA, AB, BS)
- Master's degree (MA, MS, MEd, MSW)
- Doctorate (PhD, Ed D or Professional Degree (MD, DDS, JD))

Occupation of Deceased (*Type of work done most of life, even if retired*):

Occupation: _____

Industry: _____

Last Employer:

Informant or Next of Kin Information

Informant's Name:

Relationship to person the arrangements are for (*Please select one*):

- Daughter
- Son
- Mother
- Brother
- Domestic Partner
- Other Relative (*Please Specify*):

Father

Other (*Please Specify*):

Sister

Email Address:

Phone Number:

Mailing Address:

Please Complete & Return to:

Jersey Shore Cremation Service

Phone: 732 – 483 – 4422 Fax: 732 – 486 – 2339

Email: JSCS@optonline.net