



Gate City Cremations

NAME _____ AGE _____
First Middle Last

VITAL STATISTICS

DECEDENT'S ADDRESS

City-Town State/Zip County

PLACE OF DEATH

City-Town State/Zip County

Specify: In-Patient DOA ER None Other (Specify)

Physician:

Address: Phone: Fax:

Sex: Male Female Race-Ethnicity: Citizen: USA Other:

BIRTHPLACE

DATE OF BIRTH

Father's Name

Mother's (First & Maiden)

MARITAL STATUS Surviving Spouse (If wife include maiden name)

EMPLOYMENT STATUS: Retired (Year) Presently Employed Not Employed

Usual Occupation Kind of Business Highest Level of Education

Employer No. of Years SSN:

VETERAN No Yes Branch of Service:

INFORMANT'S NAME

Informant's Address

Informant's Phone Relationship

DEATH CERTIFICATES Mail to: Pick Up

