DC FILING
SERVING THE FUNERAL INDUSTRY

# VITALS INFORMATION SHEET

DATE OF REQUEST ___/___/_____

FROM FUNERAL HOME: _____ CONTACT: _____

ADDRESS: _____ _____
CITY STATE ZIP

PHONE _____ FAX _____ EMAIL: _____

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DECEDENT: _____ (MAIDEN IF FEMALE) _____

SEX: M ☐ F ☐ DATE OF BIRTH: ____/____/_____ BIRTHPLACE _____

SOCIAL SECURITY #: _____ EDUCATION: YRS COMPLETED _____ COLLEGE DEGREE _____

RESIDENCE: _____
STREET CITY COUNTY

STATE _____ ZIP _____ RACE: _____ HISPANIC: Y / N ☐ OTHER _____

OCCUPATION _____ INDUSTRY _____

MARRIED ☐ NEVER MARRIED ☐ DIVORCED ☐ WIDOWED ☐ MARRIED BUT SEPARATED ☐

SPOUSE NAME : _____ MAIDEN: _____

VETERAN: YES ☐ NO ☐ BRANCH : _____ SERVED IN: _____WAR

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DATE OF DEATH: ____/____/_____ TIME OF DEATH: _____ AM ☐ PM ☐

LOC.OF DEATH: _____ NAME OF FACILITY _____

IF HOSPITAL: INPATIENT ☐ ER ☐ DOA ☐ HOSPICE GROUP IF KNOWN _____

FACILITY ADDRESS OR ADDRESS OF DEATH: _____

CITY _____ COUNTY _____ STATE _____ ZIP_____

CERTIFYING PHYSICIAN: _____

PHYSICIAN ADDRESS _____

PHYSICIAN CONTACT # _____ DR EMAIL OR FAX: _____

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FATHER'S NAME :_____

MOTHER'S NAME: _____ MOTHER'S MAIDEN : _____

INFORMANT'S NAME: _____ RELATIONSHIP: _____

ADDRESS _____
STREET CITY STATE ZIP

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TYPE OF DISPOSITION: BURIAL ☐ CREMATION ☐ OTHER: _____

PLACE OF DISPOSITION: _____

CITY _____ STATE _____ DATE OF DISPOSITION: ____/____/_____

# OF CERTIFIED DC'S REQUESTED: _____

CERTIFIEDS TO BE MAILED TO: _____

***DC FILING SERVICE, P.O. BOX 65, WALTON, KY 41094 FAX 866-290-1259.....ALT FAX 877-906-3079.....www.dcfiling.com***
***email: info@dcfiling.com Phone: 859-592-8750 Contacts: Deborah Worley (859-322-6723).....Todd Worley (859-620-9686)***