

**Decedent's Personal Information:**

<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>	**A court order may be required to correct Decedent's Name once the Death Certificate has been filed <b>IF THE CORRECTION CHANGES THE PRONUNCIATION**</b>			
<b>Date of Death:</b>	<b>Hour:</b>	<b>County:</b>	<b>City:</b>			
<b>Place of Death</b> (Residence, Name of Hospital/Facility, etc.)			<b>Inpatient</b> (Y or N):	<b>ER</b> (Y or N):	<b>CCCO Case #:</b>	
<b>Sex</b> (M or F):	<b>Race:</b>	<b>Hispanic Origin</b> (Y or N):	<b>If "Yes", Specify:</b>	<b>Age:</b>	<b>Date of Birth:</b>	
<b>State of Birth</b> (If born in Canada, give Province. Otherwise, give the name of the Country of Birth):			<b>Citizen of Which Country:</b>	<b>Education</b> (# of Years):		
<b>Social Security #:</b>	<b>Marital Status</b> (Married, Widowed, Divorced, Never Married):	<b>**A COURT ORDER MAY BE REQUIRED</b> to correct Marital Status AFTER the Death Certificate has been filed**		<b>Surviving Spouse's Name</b> (If wife, give <b>MAIDEN</b> name):		
<b>Decedent's Occupation:</b>	<b>Industry:</b>	<b>***Retired** is <b>NOT ACCEPTED</b> and will be printed as "Unknown/Not Classifiable"</b>				

**Decedent's PHYSICAL Residence:**

<b>Street &amp; Number:</b>					
<b>City:</b>	<b>County:</b>	<b>State/Province:</b>	<b>ZIP Code:</b>		
<b>Decedent's Father's First &amp; Last Name</b> (even if he is deceased):	<b>Decedent's Mother's First &amp; MAIDEN Name</b> (even if she is deceased):				
<b>Is Decedent a Veteran</b> (Y or N)?	<b>If "YES", Can You Provide Discharge Paperwork</b> (Y or N)?	<b>**Flags can be picked up at any US Post Office with completion of a Flag Form. McDermott's Funeral &amp; Cremation Service only provides flags for Church or Chapel service arranged with us **</b>		<b>Approximate Weight of Decedent</b> ( <b>Over 250 lbs.= 10-14 Working Days</b> )	Lbs.

**Informant's Information:**

<b>Informant's Name:</b>					<b>Relationship to Decedent:</b>	
<b>MAILING Address:</b>	<b>Street/PO Box:</b>	<b>Phone/Email:</b>	<b>H</b>	<b>F</b>		
	<b>City:</b>	<b>W</b>	<b>E</b>			
	<b>State/ZIP:</b>	<b>C</b>	<b>Other:</b>			
<b>Number of Death Certificates Paid for:</b>	<b>Mail Death Certificates to:</b>	<b>Informant (X):</b>	<b>Funeral Home(X) :</b>	<b>Insurance (X):</b>	<b>Other:</b>	

**Special Instructions:**

**Decedent's Disposition:**

<b>Cremation:</b>	<b>Burial:</b>	<b>Removal/Burial</b>	<b>Removal/Cremation</b>	<b>Anatomical Donation/Cremation:</b>
<b>Cemetery/Crematory Name:</b>	<b>Cemetery/Crematory City:</b>	<b>Cemetery/Crematory State/Country:</b>		

"I have reviewed all the information on this form and it is correct and satisfactory. I understand this information will be used to produce a Death Certificate. By signing/filling in my name below and emailing/giving this document to McDermott's Funeral & Cremation Service, I accept responsibility for any payment required to secure an Affidavit for Correction from the State of Nevada to correct the original Death Certificate.

**Signature:**