

**Decedent's Personal Information:**

<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>	<b>**A court order may be required to correct Decedent's Name once the Death Certificate has been filed 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 (Residence, Name of Hospital/Facility, etc.)</b>			<b>Inpatient (Y or N):</b>	<b>ER (Y or N):</b>	<b>CCCO Case #:</b>
<b>Sex (M or F):</b>	<b>Race:</b>	<b>Hispanic Origin (Y or N):</b>	<b>If "Yes", Specify:</b>	<b>Age:</b>	<b>Date of Birth:</b>
<b>State of Birth (If born in Canada, give Province. Otherwise, give the name of the Country of Birth):</b>			<b>Citizen of Which Country:</b>	<b>Education (# of Years):</b>	
<b>Social Security #:</b>	<b>Marital Status (Married, Widowed, Divorced, Never Married):</b>	<b>** A COURT ORDER MAY BE REQUIRED to correct Marital Status AFTER the Death Certificate has been filed**</b>		<b>Surviving Spouse's Name (If wife, give MAIDEN name):</b>	
<b>Decedent's Occupation:</b>	<b>Industry:</b>	<b>***Retired*** is NOT ACCEPTED 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 (even if he is deceased):</b>	<b>Decedent's Mother's First &amp; MAIDEN Name (even if she is deceased):</b>				
<b>Is Decedent a Veteran (Y or N)?</b>	<b>If "YES", Can You Provide Discharge Paperwork (Y or N)?</b>	<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 (Over 200 lbs. = Approx. 10-21 Working Days)</b>	<b>Lbs.</b>

**Informant's Information:**

<b>Informant's Name:</b>	<b>Relationship to Decedent:</b>				
<b>MAILING Address:</b>	<b>Street/PO Box:</b>	<b>H</b>	<b>W</b>		
	<b>City:</b>	<b>C</b>	<b>F</b>		
	<b>State/ZIP:</b>	<b>E</b>			

<b>TOTAL # of Death Certificates Needed (Including the 1 Provided in Concierge Package):</b>	<b>Death Certificates to:</b>	<b>Informant (X):</b>	<b>Funeral Home(X):</b>	<b>Insurance (X):</b>	<b>Other:</b>
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*\*If McDermott's Staff is procuring Death Certificates, we provide them to INFORMANT OR RECEIVING MORTUARY ONLY either by local delivery AT TIME OF DELIVERY OF CREMATED REMAINS, or USPS Priority Mail (\$15) or Express Mail (\$50) for tracking purposes. We DO NOT use regular mail as they are not trackable. We do not provide local delivery if the cremated remains have already been delivered. McDermott's is NOT RESPONSIBLE and will NOT REIMBURSE FOR or REPLACE Certificates that have been lost in the mail.\**

**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. I understand that any information given AFTER the date signed, may not be able to be added to the Death Certificate without an Affidavit for Correction. 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.**

<b>Signature:</b>	<b>Date:</b>
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