

LA PAZ FUNERAL HOME

INFORMATION FOR OBTAINING DEATH CERTIFICATION

1. Decedent's Full Name (First, Middle, Last, Suffix)		2. Sex	
3. Date of Birth (Month, Day, Year)	4. Age (years)	5. Date of Death (Month, Day, Year)	
6. Social Security Number	7. Birthplace (City & State or Foreign Country)	8. County of Death	
9. Place of Death (Check Only One) <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home / Long-term Care <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. Facility Name (If not Institution, give street address)		11a. City, Town or Location	11b. Inside City Limits?
12. Marital Status (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married			13. Surviving Spouse's name (If wife, Maiden name)
14. Deceased's Last Address, City & Zip			
15a. Decedent's Usual Occupation (Indicate type of work done most of working life)			15b. Kind of Business Industry
16. Decedent's Race (Specify the race to indicate what decedent considered himself/herself to be. More than one race may be specified) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify)			
17. Decedent of Hispanic or Haitian Origin? <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify) <input type="checkbox"/> Other (Specify)			
18. Decedent's Education (Specify the decedent's highest degree or level of school completion at time of death) <input type="checkbox"/> 8th or Less <input type="checkbox"/> High School but no Diploma <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> College but no Degree <input type="checkbox"/> College Degree (Specify)			19. Decedent US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Father's Name (First, Middle, Last, Suffix)		21. Mother's Name (First, Middle, Maiden Surname)	
22a. Informant's Name		22b. Relationship to Deceased	
23. Informant's Address, City & Zip (No PO Box Number)			
24. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			

* Any changes necessary to Certified Death Certificates due to missing Information will be done at a cost of **\$120.00 plus state charges.**

Please proofread the above information, and If needed, **changes should be performed now.**

By Signing below, I hereby acknowledge that the above Information Is correct.

Informant's signature:

Informant's Phone Number:

Date Signed:

Email Address:

Death Certificate Order

Address: 3500 NW 7 ST Miami, Florida, 33125

Phone: 786 332 2983 / Fax: 305 999 7322