

Cremation Service of West Hawaii, LLC - Death Certificate Information

**Decedent's Information**

Name of Deceased (First, Middle, Last)	Maiden name	Sex	Date of Death (Month, Day, Year)
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Race	Is Person of Spanish Origin?	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Cuban	Age (Years)	If Under 1 Yr.		If Under 1 Day	
	<input type="checkbox"/> Central-S. American	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="checkbox"/> No		MOS.	DAYS	HRS.	MIN.

Date of Birth (Month, Day, Year)	County of Death	Island of Death	City, Town, or Location of Death
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Hospital or Other Institution Name (if not in either, give street and number)	<b>If Hospital or Institution</b> <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Operating/Emergency Room <input type="checkbox"/> Inpatient
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State of Birth (If not in USA, Name Country)	City of Birth	Citizen of What Country?	Married, Never Married, Widowed, or Divorced (Specify)
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Surviving Spouse (If Wife, give Maiden Name)	Was Decedent Ever in US Armed Forces? Yes or No	Social Security Number
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Usual Occupation (Give Kind of Work Done During Most of Working Life, even if Retired)	Kind of Business or Industry	Education (Highest Grade Completed)
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Residence - State	Residence - County	Residence - City, Town or Location	Inside City Limits (Yes or No)
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Residence - Number, Street and Zip
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Decedent's Father (First, Middle, Last)	Decedent's Mother (First, Middle, Maiden Name)
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Primary Care Physician
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Other Information:
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**Information About the Informant**

Informant's Name	Informant's Mailing Address (Street or P.O Box, City or Town, State, Zip)
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Relationship to Decedent	Informant's Telephone Number(s)
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Approved: \_\_\_\_\_

Please review carefully before approving this information. You will be responsible for any amendment fees and attorney/court costs necessary due to incorrect information listed on this form.