

Marcel's Cremations Inc.

2111 N. W. 139th Street, Bay #18
Opa-Locka, Florida 33054
Office: 305-953-3600 *** Fax: 305-953-3699

PLEASE TYPE VITALS IF POSSIBLE THIS IS PERMANENT COPY

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1. DECEDENT'S NAME (First, Middle,	Last)						2.SEX
3. DATE OF BIRTH (Month, Day, Year)	4a. AGE-last Birthday	4b.UNDER	1YR	4c.UNDER	1 Day	5. DATE OF DEAT	H (Month,Day, Year)
	(Years)	Months	Days	Hours	Minutes	aguinnaviotet	
A COLOR			*			SECHANOGRAP	
6. SOCIAL SECURITY 7.BIRTHPLACE (city and State or Foreign			gn Country)		8.COUNTY	OF DEATH	ronformen firms), vides mes erformans dere sondere conductiva metanse si y his delectiony derivativa fraqueme
	(Check only one)						
HOSPITAL:InpatientEmergency Room/OutpatientDead On Arrival							
NON-HOSPITAL:Hospice facilityNursing Home/Long Term Care FacilityDecedent's HomeOther (specify)							
10.FACILITY NAME (If not institution, give street address) 11a. CITY, TOWN OR LOCATION OF DEATH 11b. INSIDE CITY LIMITS?							
residence of						Yes	No
12. MARITAL STATUS (Specify)							
Married Married,		36					
Widowed Divorced Never Married 14a. RESIDENCE-STATE 14b. COUNTY			14c. CITY, TOWN, OR LOCATION				
		The cirry to half on Education					
14d. STREET ADDRESS			14e.APT.No.	14f. ZIP CC	DDE	14g. INSIDE CITY	LIMITS?
						Yes	No
15a. DECEDENT'S USUAL OCCUPATION(Indics	ate type of work done during most of w	orking life.)	<u> </u>	15b. KIND	OF BUSINES	SS/INDUSTRY	110
Do not use "Retired"							
16. DECEDENT'S RACE (Specify the race/rac	es to indicate what decedent cons	idered himself/herse	elf to be More than	n one race may he s	necified)		
					X		
WhiteBlack or African AmericanAmerican Indian or Alaskan Native (Specify tribe)Asian IndianChineseFilipinoJapaneseKoreanVietnameseOther Asian (Specify)							
Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) Other(Specify)							
17. DECEDENT'S OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian origin?)							
Yes (If yes, Specify) No Mexican Puerto Rican Cuban Central/South American Other Hispanic (Specify) Haitian							
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)						19. WAS DECEDE	NT EVER
8th or lessHigh school but no diplomaHigh school o				ED	FORCES?		
College but no degree College degree (Specify):AssociateBachelor'sMaster'sDoctorYESNO							
20. FATHERS NAME (First, Middle, Last, Suffix) 21. MOTHER'S NAME (First, Middle, Maiden Surname)							
NEXT OF KIN: 22b. RELATIO				SHIP TO DECEDENT 22c. INFORMANT MAILING-STATE			TE
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23b. CITY OR TOWN 23c. S	STREET ADDRESS	and the second s			Energy to any contraction of	23d. ZIP CODE	
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24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)				LOCATION-STATE 25b, LOCATION-CITY OR TOWN			
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