



**Affordable Cremation CT**

PO Box 90 • East Hampton, CT 06424

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Tel: 855-347-2736 • 855-DIR-CREM

CASE NO.

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF DEATH \_\_\_\_\_ HOUR \_\_\_\_\_  
Arrangement Appointment Time \_\_\_\_\_ At Funeral Home At Residence

**VITAL STATISTICS**

DECEASED'S ADDRESS		CITY - STATE - ZIP		COUNTY
PLACE OF DEATH		CITY - STATE - ZIP		COUNTY
SEX M F	RACE - ETHNICITY	MARITAL STATUS	CITIZEN	
BIRTHPLACE		DATE OF BIRTH		
FATHER'S NAME		HIS BIRTHPLACE	MOTHER'S MAIDEN NAME	HER BIRTHPLACE
OCCUPATION		EMPLOYER		
SOCIAL SECURITY NO.		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
IF VETERAN, NAME WAR AND BRANCH OF SERVICE		RANK AND SERVICE NO.		
INFORMANT'S NAME AND ADDRESS			TELEPHONE	
CERTIFICATE SIGNED BY		CAUSE OF DEATH		
HIGHEST EDUCATION		OTHER INFORMATION:		

Number of Certified Copies of Death Certificate Requested at \$20.00 Each: \_\_\_\_\_