



3. PLACE OF DEATH	4. PLACE OF BIRTH
5. DATE AND PLACE OF FUNERAL	
6. ARRANGING FUNERAL DIRECTOR	
7. INFORMANT'S NAME	RELATIONSHIP
8. DATE AND TIME WHEN CREMATION BEGAN	

### DEATH CERTIFICATE FILING STATUS

I hereby state upon my oath that prior to the cremation of the above named person that:

A completed death certificate has been filed with the local registrar where the death occurred; or

Written authorization to cremate the body has been received from the medical examiner/coroner or physician who will be certifying the cause of death.

SIGNATURE	LICENSE NUMBER
TIME	DATE

### DISPOSITION

By my signature, I have received the cremated remains of the deceased named on this form.

SIGNATURE	DATE RECEIVED
FUNERAL ESTABLISHMENT NAME	
ADDRESS	

By my signature, I have delivered the cremated remains of the deceased named on this form to:

LOCATION	
SIGNATURE	DATE DELIVERED

If the cremated remains were delivered or placed other than by an employee of \_\_\_\_\_, NAME OF ESTABLISHMENT, the name of the person who made the delivery or placement or the name of the business by which the cremated remains were shipped along with the receipt number is shown below.

NAME OF PERSON MAKING THE DELIVERY OR PLACEMENT	
NAME OF BUSINESS BY WHICH CREMATED REMAINS WERE SHIPPED	
NAME	RECEIPT NUMBER