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CREMATION OPTIONS, INCP.O. BOX 31721 KNOXVILLE, TN. 37930

865-6WE-CARE(693-2273)

E-mail: <u>cremate@bellsouth.net</u> 865-693-2298(Fax)

VITAL STATISTICS FOR CREMATION AUTHORIZATION AND TENNESSEE CERTIFICATE OF DEATH

Name:							
Name:		Middle		Last			
Address:	Street Address		City	County	State	Zip	
				•		•	
Sex:	Male	Female	Residence 1	Phone #:			
Race (W	hite, Black, Ame	erican Indian,	, Asian, etc.):	(I	f of Hispanic orig pecify Cuban ,Mo	in, please exican ,etc.)	
Social Se	ecurity Number:	-	-	_			
Place of	Birth:	State	County	Date of Birth:			
Marital S	Status: (Circle One)	Married	Never Married	Wido	w(er)	Divorced	
Name of	Surviving Spou	se:	den name if wife)				
Usual O	ecupation:		(DO NOT USE R	etired)Emplo	oyer		
Military Service/Branch:			Service #				
Educatio	n (highest grade	completed):	Elementary/Sec	ondary	College	1-4 or 5+	
	Name:						
2		First	Middle	I	Last		
	Maiden Name:						
		First	Middle	I	Last		
Information Provided By:			Phone#:				
Signatur	a·			Date:			

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PERSONAL PREFERENCES AND REQUESTS FOR CREMATION

(Please Circle Your Preferences and List Any Additional Information You May Wish To Include)

MEMORIAL SEI	RVICE: (Religious, Military	y, Celebration of Li	fe, Other, None)
Location:			
Additional Request	S:		
	TON OF REMAINS:(Buria		
Location:			
	s:		
URN TYPE: (Meta	al, Wood, Ceramic, Granite,	Marble, None)	
Additional Request	s:		
OBITUARY: (YE	S OR NO)		
Newspapers:			
	NS IN CHARGE OF MAK		
<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	PHONE NUMBER
Information Pro	vided Bv:	ΡΙ	none#: