

AKA

VSIM WORKSHEET

Angels Cremation And Burial
422 W. McLellan Rd. Mesa, AZ 85201

| | | | | | | | |
|--|--|---|--|---|---|---|--|
| Decedent's Legal Name: First Middle Last Suffix | | | | DATE OF DEATH O ACTUAL | | TIME OF DEATH | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | SSN # | | EDUCATION (SELECT ONE) | |
| Date of Birth | | Age | | Under 1 Year (Infant) Months | | Under 1 Day Days | |
| Place of Death (if Residence/Group Home include Street Address) | | | | Place of Death | | <input type="checkbox"/> 8TH grade or less <input type="checkbox"/> 9th -12th grade No diploma <input type="checkbox"/> High School Grad/ GED completed <input type="checkbox"/> Some College Credit but No Degree <input type="checkbox"/> Associate Degree (e.g. AA, AS) <input type="checkbox"/> Master's Degree (e.g.: MA, MS, MEng, etc) <input type="checkbox"/> Bachelor's Degree (e.g. BA, BS) <input type="checkbox"/> Doctorate (e.g.: PhD, EdD, MD, DO) <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not Classifiable | |
| City, State, Zip Code | | County of Death: | | <input type="checkbox"/> Resident <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing I <input type="checkbox"/> ER Outpatient <input type="checkbox"/> Hospice <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Inpatient | | | |
| Birthplace state | | County | | City | | Country | |
| Race: Ethnic Identity | | | | Was Decedent of Hispanic Origin? | | MARITAL STATUS: | |
| <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN-AMERICAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE PRIMARY OR ENROLLED TRIBE: _____ ADDITIONAL TRIBE: _____ ADDITIONAL TRIBE: _____ | | <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN (SPECIFY) _____ <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> SAMOAN <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) _____ <input type="checkbox"/> OTHER (SPECIFY): _____ | | <input type="checkbox"/> No, Not Spanish, Hispanic or Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other (Specify) _____ <input type="checkbox"/> Unknown <input type="checkbox"/> REFUSED <input type="checkbox"/> NOT OBTAINABLE | | <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> MARRIED BUT SEPARATED <input type="checkbox"/> NOT OBTAINABLE | |
| LAST NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE: (MAIDEN NAME) | | | | FIRST, MIDDLE & LAST NAME OF SURVIVING SPOUSE: | | | |
| Occupation (before retirement) | | | | Type of Business | | | |
| TIME IN ARIZONA | | Military | | Autopsy | | On Az Reservation | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> UNKNOWN | | <input type="checkbox"/> No | | <input type="checkbox"/> Unknown | |
| Decedent's Address Street Address City, County, State, Zip Code | | | | In City Limits | | IF YES, NAME OF ARIZONA RESERVATION | |
| Father's Name First Middle Last | | | Mother's Name First Middle Maiden | | | | |
| Informant's Name | | | Relation | | Informant's Address Street Address City, County, State, Zip Code | | |
| NAME, CITY & STATE OF FIRST DISPOSITION FACILITY OR CREMATORY | | | | Date of Disposition: ____ / ____ / ____ | | | |
| | | | | <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION | | | |
| | | | | <input type="checkbox"/> DONATION <input type="checkbox"/> ENTOMBMENT | | | |
| NAME, CITY & STATE OF 1 second Disposition Facility or Crematory | | | | <input type="checkbox"/> REMOVAL / (SPECIFY) _____ | | | |
| | | | | <input type="checkbox"/> REMOVAL / DONATION / (SPECIFY) _____ | | | |

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT

Please do not leave any blanks- indicate -unknown refused, N/A not applicable. Initials are okay for names

Informants Signature _____ DATE _____

Funeral Director print & signature _____

License Number _____