



3065 N Rancho Dr.
Suite 176
Las Vegas, NV 89130
(702) 483-1127

Decedent's Personal Information

Name of Deceased (First, Middle, Last) + Maiden Name if Female

Sex (M/F/Other) _____ Race of Decedent _____

Hispanic Origin Yes No

Date of Birth _____ Age _____

Birthplace (Country and State) _____

Education _____

Marital status _____

Surviving Spouse (First, Middle, Last) + Maiden

Social Security# _____

Occupation _____

Industry _____

Military status _____ Entry Date _____ Discharge Date _____

Citizen of What Country _____

Residence (Last Known)

Country/Region _____

State/Region _____

County _____

City _____

Street Address (include apt or unit number) _____

In City Limits? (Did the decedent reside in the city of Las Vegas?) Yes No



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Parents

Father/Parent (First, Middle, Last)

Mother/Parent (First, Middle, Last) + Maiden Name

Informant

Informant (First, Middle, Last)

Relationship to the Decedent _____

Informant Full Mailing Address (Include Apt or Unit Number)

Phone number _____ Email _____

Disposition Information

Burial | Cremation-Flame | Cremation - Alkaline Hydrolysis | Removal | Other

Cemetery or Crematory Name _____

I certify that the information above is correct

Signature

Date Signed