## Alavon Direct Cremation Service Information Worksheet

South Daytona Phone # 386-322-2510 South Daytona Fax # 386-322-2543 Orange City Phone # 386-789-1900 Orange City Fax # 386-456-0198

This information will be used to prepare the original death certificates, notice to Social Security & to the Veteran's Administration, the obituary and other permits and forms required by law.

PLEASE DO NOT USE INITIALS OR ABBREVIATIONS

| FIRST NAME  | SERVICES TO BE PROVIDED FOR:                                      |                 | FREE NEWSPAPER NOTICE? YES NO   |  |
|---|---|-----------------|---------------------------------|--|
| SOCIAL SECURITY#  |   |                 | 1                               |  |
| DATE OF BIRTH  AGE  PLACE OF BIRTH (City and State or Foreign Country)  AGE  PLACE OF BIRTH (City and State or Foreign Country)  MOTHER'S NAME  MOTHER'S NAME (First, Middle and MAIDEN)  RESIDENCE ADDRESS (Include City, State and Zip Code)  MARITAL STATUS: SPOUSE'S FULL NAME:  M / D / W / NM  (First, Middle and MAIDEN, if applicable)  LONGEST OCCUPATION BEFORE RETIREMENT  TYPE OF INDUSTRY OR BUSINESS  HIGHEST GRADE  PACE  HISPANIC  MILITARY?  BRANCH  WAR SERVED  SERVICE RELATED?  INFORMANT NAME  RELATIONSHIP TO PERSON  INFORMANT HOME PHONE #  OTHER CONTACT  RELATIONSHIP  PHONE #  FOR ALAVON'S USE ONLY:  ATTENDING PHYSICIAN / PHONE #:  CONTACT AT DR'S  DR LICENSE #  DR FAX #  DISPOSITION OF CREMAINS  MISC NOTES  TOD:  AM OR PM DOD: | FIRST NAME  | MIDDLE NAME     | LAST NAME                       |  |
| FATHER'S NAME  / MOTHER'S NAME (First, Middle and MAIDEN)  RESIDENCE ADDRESS (Include City, State and Zip Code)  MARITAL STATUS: SPOUSE'S FULL NAME:  M / D / W / NM  (First, Middle and MAIDEN, if applicable)  LONGEST OCCUPATION BEFORE RETIREMENT  TYPE OF INDUSTRY OR BUSINESS  HIGHEST GRADE  PACE HISPANIC MILITARY?  BRANCH WAR SERVED  SERVICE RELATED?  INFORMANT NAME  RELATIONSHIP TO PERSON  INFORMANT HOME PHONE #  OTHER CONTACT  ARELATIONSHIP  FOR ALAVON'S USE ONLY:  ATTENDING PHYSICIAN / PHONE #:  CONTACT AT DR'S DR LICENSE # DR FAX #  DISPOSITION OF CREMAINS  MISC NOTES AM OR PM DOD:  AM OR PM DOD:  AM OR PM DOD:  | SOCIAL SECURITY#  | RACE            | GENDER                          |  |
| RESIDENCE ADDRESS (Include City, State and Zip Code)  MARITAL STATUS: SPOUSE'S FULL NAME: M/D/W/NM (First, Middle and MAIDEN, if applicable)  LONGEST OCCUPATION BEFORE RETIREMENT TYPE OF INDUSTRY OR BUSINESS  HIGHEST GRADE PACE HISPANIC MILITARY? BRANCH WAR SERVED SERVICE RELATED?  INFORMANT NAME RELATIONSHIP TO PERSON  INFORMANT HOME PHONE # CELL # WORK #  OTHER CONTACT RELATIONSHIP PHONE #  FOR ALAVON'S USE ONLY: ATTENDING PHYSICIAN / PHONE #: CONTACT AT DR'S DR LICENSE # DR FAX # DISPOSITION OF CREMAINS MISC NOTES AM OR PM DOD: AM OR PM DOD:  |   |                 |                                 |  |
| MARITAL STATUS: SPOUSE'S FULL NAME: M / D / W / NM  | FATHER'S NAME   | /<br>MOTHER'S I | NAME (First, Middle and MAIDEN) |  |
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| INFORMANT HOME PHONE #  | INFORMANT NAME  | //              | ATIONSHIP TO PERSON             |  |
| OTHER CONTACT   |   |                 |                                 |  |
| FOR ALAVON'S USE ONLY:  ATTENDING PHYSICIAN / PHONE #:  CONTACT AT DR'SDR LICENSE #DR FAX #  DISPOSITION OF CREMAINS  MISC NOTES  TOD:AM OR PM DOD:   | INFORMANT HOME PHONE # CE   | ELL #           | /                               |  |
| ATTENDING PHYSICIAN / PHONE #:  | OTHER CONTACT RE  | LATIONSHIP      | PHONE #                         |  |
| CONTACT AT DR'S   | FOR ALAVON'S USE ONLY:  |                 |                                 |  |
| DISPOSITION OF CREMAINS   | ATTENDING PHYSICIAN / PHONE #:                                    |                 |                                 |  |
| MISC NOTESAM OR PM DOD:   | CONTACT AT DR'S   | DR LICENSE #    | DR FAX #                        |  |
| TOD:AM OR PM DOD:   | DISPOSITION OF CREMAINS   |                 |                                 |  |
| TOD:AM OR PM DOD:   |   |                 |                                 |  |
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|   |   |                 |                                 |  |