Decedent's Personal Information:																				
First Name:	:				Middle	Name:		Last Name:												
			/	A court orde	er may be require	d to correct	to correct Decedent's Name once the Death Certificate has been filed IF THE CORRECTION CHANGES THE PRONUNCIA									ATION				
Date of Death:				Hour:		Coun	ty:				City:									
Place of Dea of Hosp	ath (Resid		lame						Inpatient (Y or N):					(Y or			CCO se #:			
Sex (M or F):		Race:			Hispanic ((Y or f			If "Yes", Specify:						Date of Birth:					Age:	
State of Bir give Province name of th	e the							Citizen o Which Country:	ich					lucation (# of Years):						
Social Security #:		-		-	Marital Statu (Married, Widow Divorced, New Married):				REQUIRED to correct Marital Spouse Status AFTER the Death (If wi			rviving se's Name rife, give EN name):								
Decedent's Occupation								Industry:									i" is NOT ACCEPTED and printed as "Unknown/Not Classifiable"			
	Decedent's PHYSICAL Residence:																			
Street & Number:																				
City:									County	/ :						State Province	-		ZIP ode:	
Decedent's First & Las (Even if dec	t Name									Decedent's Mother's First & MAIDEN Name (Even if deceased):										
Is Decedent Veteran (Y or N)?	a If "YES", Can You Provide Discharge Paperwork (Y or N)?				of a Flag Form. McDermott's F				Funeral & Cremation Service only Deceden				er 200 lbs.=			See Approximate Time Frame information below				
` '				` '				Info	ormant's	Infor	mation:		1				LUS.	111101	macion	DOION
Informant's	,								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		madom			Relatio	onship to	0				
Name:	Ja								1					Dec	edent:					
	Street/P Box:	0			_					Н						W				
MAILING Address:	City:								Phone/ Email:	С							F			
					E															
TOTAL # of Death Certificates Needed (Including the 1 Provided in Concierge Package): Deat Certific to:				cates Funeral Home(X): Other:																
If McDermott's Staff is procuring Death Certificates, we provide them to INFORMANT OR RECEIVING MORTUARY ONLY either by local delivery AT TIME OF DELIVERY OF CREMATED REMAINS, or USPS First Class Mail (\$15) or Express Mail (\$50) for tracking purposes. We DO NOT use regular mail as they are not trackable. We do not provide local delivery if the cremated remains have already been delivered McDermott's is NOT RESPONSIBLE and will NOT REIMBURSE FOR or REPLACE Certificates that have been lost in the mail.																				
Approximate Time Frame for Cremation Completion (NOT GUARANTEED):				WORKING DAYS from Date (All necessary signature Payment final				es received		Approx. Da Completion GUARANTE	(NOT					formant's Initial:				
								De	cedent's	Disp	osition:									
Crema	tion:		В	urial	:	Re	mo	val/Buri	al:		Remo	val/	/Crema	ition:			Anato		al nation:	:
Cemetery/ Crematory Name:		McD	ern	nott	's Cre	mato		Cemetery/ Crematory City:		Other:	La	as \	Vegas	i		Cemet Crema	tory		Nev	ada
Name: Other: Oth														t be able to						
be added to the Death Certificate without an Affidavit for Correction. By signing/filling in my name below and emailing/giving this document to McDermott's Funeral & Cremation Service, I accept responsibility for any payment required to correct the Death Certificate due to incorrect information being given. I also acknowledge that the time frame to complete Disposition has been explained to me and agree that the time frame given is NO A GUARANTEE.																				
Signature:																Da	ite:			
Decedent's Name (Last, First):						McD ID#										D#:				