

CHOICE CREMATIONS OF THE CASCADES IMMEDIATE NEED FORM

File # _____ - _____

1. Legal Name (include aka's if any)				Suffix	Date of death	
<u>First</u>		<u>Middle</u>		<u>Last</u>		
3. Sex (M/F)	4a. Age (last birthday)	4b Under 1 year months days	4c under 1 day Hours Minutes	5. Social Security Number	6. County of death	
7. Birth date ____/____/____		8. Birthplace (City, Town, or County)		8b (State or Foreign Country)	9. Decedent's Education	
10. Was Decedent of Hispanic Origin? ____ No, not Spanish/Hispanic/Latino ____ Yes, Mexican, Mexican American ____ Yes, Chicano ____ Yes, Puerto Rican ____ Yes, Cuban ____ Yes, other: Spanish/Hispanic/Latino (Specify: _____)		11. Decedent's race ____ White ____ Black or African American ____ American Indian or Alaska's Native Tribe Tribe _____ ____ other Spanish ____ Asian Indian ____ Chinese ____ Filipino ____ Japanese ____ Korean ____ Vietnamese ____ Other Asian _____ ____ Native Hawaiian ____ Guamanian or Chamorro ____ Samoan Other _____			____ 8 th grade or less (specify): _____ ____ 9 th -12 th grade: no diploma ____ High school graduate or GED completed ____ Some college credit, but no degree ____ Associate degree (eg. AA, AS) ____ Bachelor's degree (e.g. BA, AB, BS) ____ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) ____ Doctorate (e.g. PhD, EdD) or professional degree (e.g. MD, DS, DVM, LLB, JD) ____ Other _____	
12. Decedent a Veteran		13. Residence Address				
13b City or Town		13c County	13d Tribal Reservation Name	13e State/Foreign Country	13f Zip Code	
13g In City Limits? yes, no, unk		14. How long at residence?		15. Marital status at time of death ____ Married ____ Married, but separated ____ Widowed ____ Divorced ____ Never married ____ Unknown ____ Registered Domestic Partner		
16. Surviving spouses name (maiden name)						
17. Usual Occupation (indicate type of work done during most of working life)			18. Kind of business/industry (do not use company name)			
19. Fathers name (first, middle, last, suffix)			20. Mothers name before first marriage (first, middle, maiden)			
21. Informants name		22. Relationship to decedent	23. Mailing address (number or RFD no.)			
City or Town		State	Zip Code	Informants Ph# number(s) Work: Home: Cell:		
24. Place of death, If death occurred in a hospital: ____ Inpatient ____ Emergency room/outpatient ____ dead on arrival			If death occurred somewhere other than a hospital: ____ Hospice facility ____ Decedents home ____ Nursing home/long term care facility ____ AFH ____ Other If other, specify: _____			
25. Facility name (if not a facility, give number & street)			26. City, town, or location of death	26b State	27. Zip code	
28. Method of disposition: ____ Burial ____ Cremation ____ Removal from State ____ Donation ____ Entombment ____ Body not recovered		29. Place of disposition (name of cemetery, crematory, other place)				
		30. Location: City	31. State	32. Date of disposition		
49. Name and address of: physician, medical examiner, coroner or ARNP			Telephone number ____-____-____	50. Time of death	55. ME/Coroner #	