

Advantage Cremation Care of Greater Cincinnati

Information Needed for Death Certificate

Deceased Full Name: _____

Deceased Current Address: _____

Date of Birth: _____

Birthplace (city & state): _____

Father's Name: _____

Mother's Name & Maiden Name: _____

Social Security Number: _____

Usual Occupation before Retirement: _____

Veteran (if yes, email DD 214): _____

Highest Grade of Education Completed: _____

Marital Status: Never Married Divorced Married Widowed

Race: _____

Spouse's Name (if wife, Maiden Name): _____

Next of Kin Name: _____

Next of Kin Address: _____

Next of Kin Phone Number: _____

Email address: _____

Email a Photograph for Identification Purposes for Cremation

Email this form to info@cremationcincinnati.com or fax to 513-683-9632



