

METROPOLITAN FUNERAL SERVICE, INC.

STATISTICAL INFORMATION FOR DEATH CERTIFICATE

The information on this page is necessary for the completion of the death certificate.

Please type or carefully print the information.

After completing the form, you may FAX it to us at: (212) 674-3671.

DECEDENT INFORMATION:

Full Name of Deceased _____

Place of death _____

Other names by which Decedent
was known (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____

Place of Birth (City & State or Foreign Country) _____

Father's Name _____

Mother's Name (Include Maiden Name) _____

Social Security # _____

Last Occupation (Do Not Enter "Retired") _____

Type of Business _____

Last Employer _____

Highest Education (0-8 | 9-12 | C1-C4 | C5+) _____

Veteran? (Yes/No) _____ Branch of Service _____

If Veteran, Dates of Service _____ Rank _____

YOUR INFORMATION:

Full Name _____

Relationship to decedent _____

Street address _____

City _____ State _____ Zip _____

Telephone # (Include area code) _____

PACEMAKER DISCLOSURE:

Does the decedent have a pacemaker or other implanted radioactive device? Please check one:

Yes _____ No _____

If you answered "Yes", this (these) devices MUST BE REMOVED prior to cremation.

DEATH CERTIFICATES:

How many copies of the certificate of death do you want us to order for you? You will need these certificates -- also called certified copies or transcripts -- to settle insurance claims, close or transfer bank accounts, auto or boat transfer of title, Veteran's claims, and other estate matters.

In New York City, death certificates are \$15.00 per copy. Outside of the City, certificates are \$10.00 per copy.

of copies Metropolitan Funeral Service, Inc. should secure for you _____

DISPOSITION OF CREMATED REMAINS:

Metropolitan Funeral Service, Inc. is hereby authorized to dispose of the cremated remains as follows -- please check one:

_____ Hold at Metropolitan Funeral Service, Inc. Either my representative or I will claim them on (insert date) _____.

_____ Arrange for Atlantic Ocean scattering.

_____ Arrange for South Sea scattering (off Maui Island).

_____ The decedent was an honorably discharged veteran. Please arrange for the cremated remains to be placed in a niche in Calverton National Cemetery located in Riverhead, Long Island, New York. Honorable Discharge (DD-214) papers are required for this option.

_____ Forward the cremated remains (via registered Parcel Post service) to:

Name of person/funeral home/cemetery _____

Street address _____

City _____ State _____ Zip _____

Telephone # (include area code) _____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL METROPOLITAN AT 1-800-332-1880.

Metropolitan Funeral Service, Inc.
191 Avenue A (at 12th Street)
New York, New York 10009