

# MILLENNIUM

— CREMATION SERVICE —

## Vital Statistics Information

### Case

Location: Millennium Crematory Address: 800 8th St Vero Beach, FL 32962 Number: \_\_\_\_\_

### Decedent

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Sex: \_\_\_\_\_ SSN: \_\_\_\_\_  
Race: \_\_\_\_\_ Hispanic or Haitian Origin: \_\_\_\_\_ Specify: \_\_\_\_\_  
Education: \_\_\_\_\_ Veteran: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Father Name: \_\_\_\_\_ Mother (Maiden name): \_\_\_\_\_  
Occupation (Most of life): \_\_\_\_\_ Industry: \_\_\_\_\_  
Address: \_\_\_\_\_

### Death Information

Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Place: \_\_\_\_\_  
Type: \_\_\_\_\_ County: \_\_\_\_\_

### Informant

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

### Next of Kin

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

### Disposition

Method: \_\_\_\_\_ Authorization Number: \_\_\_\_\_ Permit: \_\_\_\_\_  
Place: \_\_\_\_\_ Address: \_\_\_\_\_