

Alavon Direct Cremation Service Information Worksheet

South Daytona Phone # 386-322-2510
South Daytona Fax # 386-322-2543

Orange City Phone # 386-789-1900
Orange City Fax # 386-456-0198

This information will be used to prepare the original death certificates, notice to Social Security & to the Veteran's Administration, the obituary and other permits and forms required by law.

PLEASE DO NOT USE INITIALS OR ABBREVIATIONS

SERVICES TO BE PROVIDED FOR: _____ FREE NEWSPAPER NOTICE? YES NO

_____/_____/_____						
FIRST NAME	MIDDLE NAME	LAST NAME				
SOCIAL SECURITY# _____ - _____ - _____ RACE _____ GENDER _____						
_____/_____/_____						
DATE OF BIRTH	AGE	PLACE OF BIRTH (City and State or Foreign Country)				
_____/_____						
FATHER'S NAME	MOTHER'S NAME (First, Middle and MAIDEN)					

RESIDENCE ADDRESS (Include City, State and Zip Code)						

MARITAL STATUS: _____	SPOUSE'S FULL NAME: _____					
M / D / W / NM	(First, Middle and MAIDEN, if applicable)					
_____/_____						
LONGEST OCCUPATION BEFORE RETIREMENT	TYPE OF INDUSTRY OR BUSINESS					
_____/_____/_____/_____/_____/_____/_____						
HIGHEST GRADE	PAGE	HISPANIC	MILITARY?	BRANCH	WAR SERVED	SERVICE RELATED?
_____/_____			_____			
INFORMANT NAME	RELATIONSHIP TO PERSON					

INFORMANT ADDRESS						

INFORMANT HOME PHONE #		CELL #		WORK #		
_____/_____		_____/_____		_____/_____		
OTHER CONTACT		RELATIONSHIP		PHONE #		
_____/_____		_____/_____		_____/_____		

FOR ALAVON'S USE ONLY:		
ATTENDING PHYSICIAN / PHONE #: _____		
CONTACT AT DR'S _____	DR LICENSE # _____	DR FAX # _____
DISPOSITION OF CREMAINS _____		
MISC NOTES _____		
TOD: _____ AM OR PM DOD: _____		
POD: _____		