

ELEMENTS

the cremation company



Statistical Information

Decedent Name _____ Sex _____
First Middle Last

Address _____
Street City (Inside City ___ Yes ___ No) State Zip County

Birthdate _____ Birthplace _____
City State

Social Security _____ Citizenship _____ Race _____

Of Hispanic Origin: Yes No (Specify Cuban, Mexican, Puerto Rican, etc.) _____

Married Married but separated Widowed Divorced Never Married Civil Union Unknown.

Spouse's Name (including maiden): _____
First Middle Maiden Last

Father's Name (Even if deceased): _____
First Middle Last

Mother's **Maiden** Name (Even if deceased): _____
First Middle Maiden Last

Veteran: Yes No Please specify War or Dates of Service _____
If yes, enclose a copy of your discharge paper

Education: 8th Grade or Less 9th thru 12th No Diploma High School Graduate or GED
 College, No Degree Associate Degree, AA, or AS Bachelors Degree, BA, AB, BS
 Masters Degree, MA, MS Doctorate Degree, PHD, EDD, Unknown

Usual Occupation _____ Kind of Business _____
(Give kind of work for most of life, even if retired)

I, the undersigned authorize and request Elements Cremation LLC or its assigns, to release the cremated remains of _____ to the following:
Decedent

Name Address City State Zip Phone

Signature Print Name

Address Telephone

City State Zip Mobile Telephone

Relationship Email

Please return the completed *Statistical Information* page:
Via facsimile to 708.923.6604 or via email to info@elementscremation.com