

**PLANET GREEN CREMATIONS®**

Information Needed to Complete State of Illinois or Indiana Death Certificate

\* Please Print Legible \*

Please Fill in ALL Blanks

If you leave any lines blank, we will put Not Available on Death Certificate.

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Time of Death: \_\_\_\_\_ AM PM Place of Death: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Served in the Armed Forces: \_\_\_\_\_

Birth Place (City, State or Foreign Country): \_\_\_\_\_

Marital Status: Married, Widowed, Divorced, Never Married Race: \_\_\_\_\_ Hispanic Origin: \_\_\_\_\_

Surviving Spouse (if wife, give maiden name): \_\_\_\_\_

Deceased Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Education Number of Years: High School \_\_\_\_\_ College \_\_\_\_\_

Usual Occupation: \_\_\_\_\_ Business or Industry: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Mothers Name (maiden): \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

**Legal Next of Kin**

Informant's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Informant's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

I have also received a copy of the General Price List.

Signature of person filling out form X \_\_\_\_\_

**Please fax back to 312-276-4498 or email to cremationfax@yahoo.com**

**\*\* Do NOT give paperwork to drivers! \*\***