

TRUCKEE MEADOWS CREMATION & BURIAL

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www.truckeemeadowscremation.com

Case Number:

Name: _____ Age: _____

Date of Death: _____ Hour: _____ Doctor: _____

Vital Statistics

Deceased's Address		City - State - Zip		County
Place of Death		City - State - Zip		County
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race - Ethnicity	Marital Status	Citizen	
Birthplace		Date of Birth		
Occupation (Please don't put retired)		Industry		
Social Security Number	Surviving Spouse (If wife, give Maiden name)			
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like a flag? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Military	VA Interment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father's Name (First - Middle - Last)		Mother's Name (First - Middle - Maiden)		
Decedent's Highest Education	Decedent's # of Years in School	Decedent's Degree		
Informant's Name	Informant's Address		City - State - Zip	Informant's Phone Number
Informant's Relationship to Decedent	Hospice		Cemetery	

Number of Death Certificates: _____

Final Disposition: Cremation Burial