



ICS CREMATION, INC.
"Serving all of Florida!"

Tel: (800) 862-9602 Local: (239) 542-9500
Fax: (239) 549-9436

VITAL STATISTICS

(All information must be provided. If unknown please specify Unknown)

Contract Number _____ Registration Only Date _____

First _____ Middle _____ Last _____

Telephone _____ Sex _____ Date of Birth _____

Age _____ Social Security # _____

Birth City & State _____ Military Veteran Yes _____ No _____

Marital Status Married _____ Separated _____ Widowed _____ Divorced _____ Never Married _____

Surviving Spouse's name (include maiden name of wife) _____

Residence: State _____ County _____ City _____

Street Address _____ Inside City Limits Yes _____ No _____

Zip Code _____

Occupation before Retired _____ Industry _____

Race: Circle all that apply (White, Black or African American, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, (American Indian or Alaska Native Specify tribe), (Other Asian Specify), (Other Pacific Isl. Society) _____

Hispanic or Haitian Origin? Yes _____ No _____ If Yes Specify (Haitian, Cuban, Mexican, Puerto Rican etc.) _____

Education: 8th or Less _____ High School but no diploma _____ High school diploma or GED _____

College but no degree _____ College degree _____ Specify: Associate _____ Bachelors _____ Masters _____ Doctor _____

Father's Name _____

Mother's First & Maiden Name _____

Next of Kin (Spouse, Child, Parent, grandchild, sibling, Executor of Will/Estate)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Phone: _____

Doctor _____ Phone # _____

Person giving information _____ Relationship _____

ICS CREMATION, 2620 Highlands Rd., Suite B, Harbour Heights, FL 33983