

**Ahlberg Funeral Chapel & Crematory**  
 326 Terry Street, Longmont, Colorado 80501-5440  
 Phone 303-776-2313 ~ Fax 303-776-5081

NO. DC \_\_\_\_\_ CASE # \_\_\_\_\_

ARRANGEMENT APPOINTMENT Day/Date/Time \_\_\_\_\_

INFORMANT NAME, RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE H \_\_\_\_\_ W \_\_\_\_\_ Cell \_\_\_\_\_

**VITAL STATISTICS**

1. DECEDENT'S NAME (First, Middle, Last)					2. SEX	3. DATE OF DEATH (Month, Day, Year)	
4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months   Days	5c. UNDER 1 DAY Hours   Mins		6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number)				9c. CITY, TOWN, OR LOCATION OF DEATH		9d. COUNTY OF DEATH	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do <u>not</u> use retired.)		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If wife, give maiden name)	
13a. RESIDENCE - STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify		15. RACE: American Indian, Black, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+)	
17. FATHER - NAME (First, Middle, Last)			18. MOTHER - NAME (First Middle, Last (Maiden Name))		19. INFORMANT - NAME and relationship to deceased.		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			20c. LOCATION - City or Town, State	
23. TIME OF DEATH  M		24. DATE PRONOUNCED DEAD Month                      Day                      Year                      Hour			25. WAS CORONER NOTIFIED? (Yes or No)		35. AUTOPSY (Yes or No)
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print)							