



## Sample Questions, Options & Payment Section

**In which county did the deceased die?** \_\_\_\_\_

**From where are we picking up the deceased?** \_\_\_\_\_  
(e.g.: hospital, nursing home, medical examiner)

**Weight of the Deceased** \_\_\_\_\_

**Number of Death Certificates you need?** \_\_\_\_\_

**Handling of Cremains** \_\_\_\_\_  
(pickup from one of our locations, ship to address in USA or scatter the cremains)

**Would you like to add an urn to your order?** \_\_\_\_\_  
(we have a selection for you to choose from on the order form)

*This is a sample of some of the questions you may have to answer when completing the Options & Payment section at Cremstar.com. These can help you prepare by giving you an idea of the sort of information you will need to provide. Note, these are not a full list of questions, and the exact questions you will be required to answer will depend on individual circumstances.*



## Sample Questions, Details About the Deceased Section

**Full Name of Deceased:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Sex:** (Male/Female/Non-binary) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_

**Address Where Deceased Lived:** \_\_\_\_\_

**Marital Status of Deceased at Time of Death:** \_\_\_\_\_

**Did the deceased have a pacemaker, radiation producing device, or other implanted medical device?** \_\_\_\_\_

**Birthplace:** City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Ever in the US Armed Forces?(Dates)** \_\_\_\_\_

**Usual Occupation:** \_\_\_\_\_

Cannot use RETIRED, UNEMPLOYED or DISABLED. Please put the job the deceased did most of his/her life, or their last known occupation. If disabled, please indicate the job for which state training was provided.

**Kind of Business/Industry:** \_\_\_\_\_ **Education:** \_\_\_\_\_

**Is person of Hispanic Origin?** \_\_\_\_\_ **Race** \_\_\_\_\_

**Deceased's Father:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Deceased's Mother's Maiden Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

(Legal forms require this information. If you do not have this information, 'Unknown' will need to be inserted.)

**Deceased's County of Residence:** \_\_\_\_\_

**Attending/Family Doctor:** First \_\_\_\_\_ Last \_\_\_\_\_

**Doctor's Phone:** \_\_\_\_\_

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## Sample Questions, Authorizations & Signatures Section

### Name of Authorizing Agent:

The Authorizing Agent (18+) is generally determined in this priority order: Any person designated through legal document (will or Designation of Agent for Body Disposition); the decedent's spouse; child; parent; sibling; niece/nephew; uncle/aunt; grandparent; cousin.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Address of Authorizing Agent:

\_\_\_\_\_

### Your (Authorizing Agent's) Relationship to the Deceased. You are their...

\_\_\_\_\_

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