

DAKOTA EMBALMING & TRANSPORT SERVICE

DAKOTA CREMATION SERVICES

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VITAL STATISTICS FOR SOUTH DAKOTA DEATH RECORD

| | | | | | |
|---|---|---|--|---|--------------|
| 1) DECEDENT'S NAME (First, Middle, Last) | | 2) SEX | | 3) SOCIAL SECURITY NUMER | |
| 4) ACTUAL OR PRESUMED DATE OF DEATH | | 5) TIME OF DEATH OR RANGE <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | | 6) DATE OF BIRTH | 7) AGE |
| PLACE OF DEATH | | | | | |
| IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival | | | IF DEATH OCCURRED SOMEWHERE OTHER THAN HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home or Long Term Care <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other, Specify _____ | | |
| 8) FACILITY NAME (If not institution give street & number) | | 9) CITY, STATE & ZIP CODE | | 10) COUNTY OF DEATH | |
| 11) EVER IN US ARMED FORCES <input type="checkbox"/> YES <input type="checkbox"/> NO | 12) METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other _____ | | 13) PLACE OF DISPOSITION (Name of cemetery, crematory, other place) | | |
| 14) LOCATION – CITY OR TOWN AND STATE | | 15) NAME & COMPLETE ADDRESS OF FUNERAL FACILITY | | | |
| 16) RESIDENCE ADDRESS – STREET NUMBER | | 17) APT # | 18) INSIDE CITY LIMITS <input type="checkbox"/> YES <input type="checkbox"/> NO | | 19) ZIP CODE |
| 20) RESIDENCE – CITY | | 21) COUNTY | | 22) STATE | |
| 23) PLACE OF BIRTH – STATE | | 24) MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married | | 25) SURVIVING SPOUSES NAME (If wife, give name prior to first marriage) | |
| 26) FATHER'S NAME (First, Middle, Last) | | 27) MOTHER'S NAME PRIOR TO FIRST MARRIAGE, (First, Middle, Last) | | | |
| 28) INFORMANT'S NAME | | 29) RELATIONSHIP TO DECEDENT | | 30) MAILING ADDRESS (Street & number, city, state & zip) | |
| 31) DECEDENT'S EDUCATION (what is the highest degree or level of school completed at time of death) | | 32) DECEDENT OF HISPANIC ORIGIN <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, specify _____) | | 33) DECEDENT'S RACE | |
| 34) DECEDENT'S USUAL OCCUPATION | | | 35) KIND OF BUSINESS OR INDUSTRY | | |
| NUMBER OF CERTIFIED COPIES TO BE ORDERED (\$15 EA) | | | SEND CERTIFIED COPIES TO | | |

In order to avoid mistakes please proof the above information prior to sending.