



DEATH VITALS INFORMATION FOR ANATOMICAL DONATION AND CREMATION (PAGE ONE)

This form to be completed by authorizing person. Please confirm that all information is correct, legible and matches legal records. Inaccurate, illegible or missing information will delay or void the death certificate provided by Aeternitas Life. If information is unknown, write, "UNKNOWN." For assistance in completing this form, call 1-844-330-7040.

Donor name:*				Donor driver license:*	
Authorizing person:*				Relationship to donor:*	
Address:*				Phone number:*	
Designated (informant) person:*				Relationship to donor:*	
Address:*				Phone number:*	
Donor legal name:*				Maiden name:*	
Sex:*	Age:*	Height:*	Weight:*	SSN:*	
Hispanic origin? (If yes, specify):*		Race(s):*		Education level:*	
Birthplace (city, state or country):*				DOB:*	
Current address:*				City:*	State:*
County:*		Inside city limits?*		Since:*	
U.S. military service?*		Specify (branch, combat service):*			
Occupation (not retired):*		Industry:*		Years in occupation:*	
Last employer address:*				Employer name:*	
Marital status (circle):* Married Legally separated Widowed Divorced Never married Unknown					
Spouse's name (and maiden name):*				Deceased?*	
Mother's name (and maiden name):*				Deceased?*	
Father's name:*				Deceased?*	
Received hospital or hospice care?*		Since:*		Facility name:*	
Address of facility:*				Phone number:*	
Place of death (circle):* Hospital Other		Specify:*		Primary physician:*	
Address of death:*				County of death:*	
Diagnosed with antibiotic-resistant virus/bacteria?*		Specify:*		Full course of antibiotics completed?*	
Tested positive for any communicable disease(s)?*		Specify:*			
Any surgeries, amputations or medical implant(s)? *		Specify:*			
Any arthritis, osteoporosis, or other bone disease(s)?*		Specify:*			
Received blood transfusion or radioactive drug(s)?*		Specify:*			
Utilized Death with Dignity Act?*		Cause of death:*		DOD:*	Time:*

OFFICIAL	Representative/affiliation obtaining authorization:			Phone number:	
	Signature/license no. of representative:			Date:	Time:
OFFICIAL	Recorded by:		Method:	Date:	Time:
	Verified by:		Method:	Date:	Time: