



FD-1326

CHEVRA KADISHA MORTUARY

7832 SANTA MONICA BLVD. • LOS ANGELES, CA 90046
(323) 654-8415 • (800) 654-6772 • FAX (323) 654-3917

Please fill out, and return via fax or email: naomi.chevra@gmail.com

PRE-NEED VITAL STATISTICS

PERSONAL DATA	1. FIRST NAME		2. MIDDLE NAME		3. LAST NAME	
	(AKA) ALSO KNOWN AS			4. DATE OF BIRTH		5. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	6. PLACE OF BIRTH	7. SOCIAL SECURITY NO.	8. U.S. MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		9. MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> NM	10. CELL PHONE
	11. YEARS OF EDUCATION / HIGHEST DEGREE <input type="checkbox"/> 0-11 th GRADE (HIGHEST YEAR) _____ <input type="checkbox"/> HIGH SCHOOL GRADUATE <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> BACHELOR'S <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORATE (PHD, EDD) <input type="checkbox"/> PROFESSIONAL (M.D., DDS)				12. EMAIL ADDRESS	
	13. USUAL OCCUPATION (DO NOT USE RETIRED)		14. KIND OF BUSINESS (e.g. GROCERY STORE OR GENERAL MERCHANDISE)		15. YEARS IN OCCUPATION	
USUAL RESIDENCE	16. RESIDENCE – (NUMBER AND STREET OF ADDRESS)					
	17. CITY		18. COUNTY	19. ZIP CODE	20. YRS IN COUNTY (SINCE WHAT YEAR)	21. STATE
INFORMANT	22. INFORMANT'S NAME – RELATIONSHIP			23. INFORMANT'S MAILING ADDRESS		
SPOUSE AND PARENT INFORMATION (NEED NAMES OF PARENTS EVEN IF NO LONGER ALIVE)	24. NAME OF SURVIVING SPOUSE – FIRST		25. MIDDLE		26. LAST (MAIDEN NAME)	
	27. NAME OF FATHER – FIRST		28. MIDDLE		29. LAST <input type="checkbox"/> SAME AS ABOVE	34. BIRTH STATE
	35. NAME OF MOTHER – FIRST		36. MIDDLE		37. LAST (MAIDEN NAME)	38. BIRTH STATE
HOSPITAL INFORMATION (LEAVE THIS PART BLANK)	101. (LEAVE BLANK FOR PRE-NEED)		102.		HOSPITAL PHONE	
	105.			106. CITY		
HEBREW NAME		RABBI'S NAME		PHONE		
DOCTOR'S NAME		PHONE		ADDRESS		
NEXT -OF-KIN		RELATION		ADDRESS		
CITY, STATE, ZIP		HOME PHONE <input type="checkbox"/> WORK		CELLULAR PHONE <input type="checkbox"/> FAX		
NEXT-OF-KIN		RELATION		ADDRESS		
CITY, STATE, ZIP		HOME PHONE <input type="checkbox"/> WORK		CELLULAR PHONE <input type="checkbox"/> FAX		
NAME OF CEMETERY		LOCATION OF GRAVE		TIME OF SERVICE <input type="checkbox"/> CHAPEL <input type="checkbox"/> GS	TOTAL # OF DCS	CASKET #

AUTHORIZATION FOR RELEASE OF REMAINS

I hereby acknowledge that the above vital statistics are true and correct. I _____ hereby authorize the release of the remains of person indicated above, at time of death, to Chevra Kadisha Mortuary and its assignees, and to do everything according to Jewish law. I agree there will be no embalming, no autopsy, no public viewing, and no cremation, as all are forbidden by Jewish law. Family agrees by this authorization to be financially responsible for funeral of deceased.

Date _____ Signature _____ Witnessed _____