The James E. Churchman, Jr. Funeral Home 345-13th Avenue | Newark, NJ 07103

Phone 973.242.8454

Vital Statistics RE:

Fax 973.242.2566

Date of Death			EDRS Case #				Place of Death			
Legal Name of Deceased (First, Middle, Last, Suffix)						Also Known As				
Sex	Sex Social Security Number				Age			Date of Birth		
Birthplace (City & State/ Foreign Country)										
Residence - State	pality/City									
Street and Number			Apt			No.		Zip Code		Inside City Limits?
Ever in US Armed Forces? If Yes			Name of War:				War Service Dates (From / To))
Domestic Status at Time of Death			Name of Surviving			viving Spouse/	Spouse/Partner (Name Given at Birth or on Birth Certificate)			
Father's Name (First, Middle, Last)										
Mother's Name Prior to First Marriage (First, Middle, Last)										
Name of Informant						Relationship to Decedent				
Mailing Address (Street Address, City, State and Zip Code)										
Method of Disposition Place of Disposition (name of cemet					mete	ery, crematory, other) Location – City & State / Foreign Country				
Decedent Education						Decedent of Hispanic Origin? Decedent Race				
Occupation of Deceased						Kind of Business / Industry				
Name and Address of last Employer										
Billing To:						Address				
SS#						Driver's License #				
Day Date & Time of Viewing										
Place of Viewing						Address				
Day Date & Time of Funeral Service										
Place of Funeral Service						Address				
Day Date & Time of Final Disposition										
Place of Disposition										
Family Convening:										
Family Address						Phone #				
Hairdresser/Barber Grooming Notes Day Date & Ti										
Clothing Receive	d:									