

Wilcox Family Funeral Home, LLC

*****PLEASE WRITE CLEARLY*** THIS IS A PERMANENT COPY*****

1. DECEDENT'S NAME (First, Middle, Last, Suffix)					2. SEX				
3. DATE OF BIRTH (Month, Day, Year)		4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes		5. DATE OF DEATH (Month, Day, Year)	
6. SOCIAL SECURITY NUMBER			7. BIRTHPLACE (City and State or Foreign Country)			8. COUNTY OF DEATH			
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)									
10. FACILITY NAME (If not institution, give street address)					11a. CITY, TOWN, OR LOCATION OF DEATH		11b. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> No		
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Sepereated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married					13. SURVIVING SPOUSES NAME (If wife, give maiden name)				
14a. RESIDENCE - STATE			14b. COUNTY			14c. CITY, TOWN, OR LOCATION			
14d. STREET ADDRESS					14e. APT NO.		14f. ZIP CODE		14. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Do not use "Retired"						15b. KIND OF BUSINESS/INDUSTRY			
16. RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify Tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Other Specific Island (Specify) <input type="checkbox"/> Other (Specify)									
17. DECEDENT OF HISPANIC OR HATIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin) <input type="checkbox"/> Yes (If Yes, Specify) <input type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian									
18. DECEDENT 'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school with diploma or GED <input type="checkbox"/> College but no degree College Degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate								19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. FATHER'S NAME (First, Middle, Last, Suffix)					21. MOTHER'S NAME (First, Middle, Maiden Surname)				
22a. INFORMANT'S NAME					22b. RELATIONSHIP TO DECEDENT			22c. INFORMANT'S MAILING -STATE	
23a. CITY OR LOCATION			23b. STREET ADDRESS				23d. ZIP CODE		
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)						25a. LOCATION - STATE		25.b LOCATION - CITY OR TOWN	

Death Certificate ☐ With Cause ☐ Without Cause

Mail To: _____

Informant Telephone Number: _____

Signature _____



(954) 639-7451

RELEASE FORM

To whom it may concern at: _____

☐

(Name of the Hospital, Hospice, Nursing Home)

This is your authority to release the remains of

(Deceased Name)

Date of Birth: _____

Sex: _____

COVID ☐ YES ☐ NO

Age: _____

Race: _____

Weight: _____

To **Wilcox Family Funeral Home, LLC** to prepare for cremation and/or embalming and other final disposition.

Signature of the person granting authorization

Print Name

Relationship

Signature of the person granting authorization

Print Name

Relationship

Signature of the person granting authorization

Print Name

Relationship

Type of services selected: _____



AUTHORIZATION FORM

CH 470

470.002 DEFINITIONS

(18) "**Legally authorized person**" means, in the priority listed, the decedent, when written inter vivos authorizations and directions are provided by the decedent, the surviving spouse, unless the spouse has been arrested for committing against the deceased an act of domestic violence as defined in s. [741.28](#), a son or daughter who is 18 years of age or older, a parent, a brother or sister 18 years of age or over, a grandchild who is 18 years of age or older, or a grandparent; or any person in the next degree of kinship. In addition, the term may include, if no family exists or is available, the following: the guardian of the dead person at the time of death; the personal representative of the deceased; the attorney in fact of the dead person at the time of death; the health surrogate of the dead person at the time of death; a public health officer; the medical examiner, county commission or administrator acting under part II of chapter 406, or other public administrator; a representative of a nursing home or other health care institution in charge of final disposition; or a friend or other person not listed in this subsection who is willing to assume the responsibility as authorized person.

I, _____ (**Print Name**) do hereby state that there is no other next of kin according to the degree of kinship alive or I was selected by family to sign Wilcox Family Funeral Home cremation authorization form for _____

(**Name of beneficiary/deceased**)

Signature

Date

Witness

Funeral Home Representative



Professional Center at Riviera Point
7971 Riviera Blvd, Suite 110
Miramar, Florida 33023
Broward

PHONE 954-639-7451
FAX 866-545-8576
EMAIL info@wilcoxffh.com
WEB SITE www.wilcoxffh.com



SURVIVING FAMILIES AND LOCAL FRIENDS

➤ Name _____ Relations _____
Home Phone _____ Cell _____
Email _____ Fax _____
Address _____

➤ Name _____ Relations _____
Home Phone _____ Cell _____
Email _____ Fax _____
Address _____

➤ Name _____ Relations _____
Home Phone _____ Cell _____
Email _____ Fax _____
Address _____

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Home Phone _____ Cell _____
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Professional Center at Riviera Point
7971 Riviera Blvd, Suite 110
Miramar, Florida 33023

PHONE 954-639-7451
FAX 866-545-8576
EMAIL info@wilcoxffh.com
WEB SITE www.wilcoxffh.com