



Schuster's Crematorium, LLC

Ernst P. Schuster, Jr.

Owner

FOR OFFICE USE
ONLY

CREMATION ID

CREMATION VITAL STATISTICS

Arrangement Counselor:	Today's Date:		
Name of Deceased:	Date of Death:		
Place of Death:	Hospital Home	Age:	Sex:
Nursing Home Other (please specify):			
Was death due to Infectious Disease:			Yes No
Type:			
Date of Birth:	Place of Birth:		
Race:	Citizenship:	SSN:	
Residence:			
Mailing Address:			
Marital Status:	Married Widowed Divorced Never Married		
Husband's Name:			
Wife's Maiden Name:			
Father's Name:			
Mother's First and Maiden Name:			
Additional Certified Copies of Death Certificates:			
Occupation at the time of Death:	Retired:	Yes No	
Employer:			
Education Completed:	High school GED Some College Degree		
Veteran:	Yes No DD214 Number:	Serial Number:	
<i>"Celebrate Life Today, Be Remembered Tomorrow"</i> #139 Castle Coakley * Box 2315 Kingshill U. S. Virgin Islands Telephone: 340-692-URNS (8767) * Email: info@schusterscrematorium.com			
Informant's Name:	Relationship:		
Telephone Number:	Alternate Number:		
Email Address:			

<i>Residence:</i> <i>Mailing Address:</i>			
<i>Are you a near relative or executor of the person who has died?</i> <i>(widow, widower, civil partner, parent, or child)</i>		<i>Yes</i>	<i>No</i>
<i>If no, please give the nature of your relationship and explain why you are making the arrangements rather than the near relative or executor:</i>			
<i>Has any near relative(s) or executor(s) expressed any objection to the proposed cremation?</i>		<i>Yes</i>	
<i>No</i>			
<i>If yes, please give details:</i>			
<i>Note: CREMATIONS ARE IRREVERSIBLE AND A FINAL PROCESS</i>			
<i>Was any implants placed in the body which may become hazardous when the body is cremated?</i> <i>eg. (pacemaker, radioactive device, or "Fixion" intramedullary nailing system)</i>		<i>Yes</i>	<i>No</i>
		<i>I don't know</i>	
<i>Note: Implants may damage cremation equipment if not removed from the body of the deceased and some radioactive treatments may endanger the health of the crematorium staff.</i> <i>If yes, please give details and indicate whether it has been removed:</i>			
<i>Method of Final Disposition: Burial Niche Personal Possession Scattering</i>			
<i>Urn Selection:</i>			

<i>Method of payments:</i> <i>Cash</i> <i>Credit Card</i> <i>Certified Check</i> <i>Insurance Assignment</i> <i>Contract/Policy#:</i>
<i>List of Beneficiaries (For Insurance Only):</i>

<i>Is there any type of service to be held at the funeral home?</i>	<i>Yes</i>	<i>No</i>
<i>If Yes, indicate day, date, and time:</i>		

<i>Is there any type of service to be held <u>prior</u> to cremation?</i>	<i>Yes</i>	<i>No</i>
<i>If yes, indicate day, date, and time:</i>		

<i>Is there any type of service to be held <u>after</u> cremation?</i>	<i>Yes</i>	<i>No</i>
<i>If yes, indicate day, date, and time:</i>		

<i>Are there any family members who wish to witness the casket or container being placed in the cremation chamber? Must notify arrangement counselor within one business day (next day) of arrangement consultation otherwise, cremations will continue as scheduled without further notification.</i>	<i>Yes</i>	<i>No</i>
<i>If yes, indicate their name(s). Maximum amount is 6 persons:</i>		