

Statement of Death (Cover Sheet)

URGENT BURIAL REQUEST; ATTN: CUSTOMER SERVICE

To be completed and signed by Funeral Director

(Acceptable as Proof of Death)

Please sign and return via fax to: (314) 801-0764

ATTN: _____, CORE 5 TEAM D

Service Request Number: _____

**** ATTN: FUNERAL DIRECTOR – PLEASE COMPLETE AND SIGN ****

I hereby certify the following individual is deceased as of the following date: _____.

Information pertaining to this individual is shown below.

Veteran's Name: _____

Veteran's Date of Birth: _____

Veteran's Place of Birth: _____

Veteran's Social Security #: _____

Sincerely,

Funeral Director