**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