



PROMISE LAND

COMMEMORATIVE MORTUARY

Standing on The Promises of God



1-242-603-2690 | 1-242-462-7679



17 Jerome Avenue & Corlet Road



Leonardoknowles@promiselandcm.com



www.promiselandcm.com

Death Certificate and Funeral Record Information

The information obtained on this form is for the issuance of a death certificate which is a legal document. Government identification is required for all parties involved in this process.

Decedent's Full Legal Name: _____ Sex: _____ Age: _____

Decedent's Address: _____

Date of Death: _____ Decedent's Place of Death: _____

Date of Birth: _____ Decedent's Island/City/Country: _____

Decedent's Citizenship: _____ Decedent's National Insurance Number: _____

Decedent's Marital Status: (Circle the appropriate choice) ☒ Single ☐ Married ☐ Divorce ☐ Separated ☐ Widowed

Spouse's Name (Include Maiden): _____

Decedent Father's Full Legal Name: _____

Decedent Mother's Full Legal Name: _____

Disposition: (Choose by x) ☒ Burial ☐ Cremation Approximate Height _____ Approximate Weight _____

Name & Address of Cemetery: _____

I/We agree to hold harmless Promise Land Commemorative Mortuary (PLCM), from all expenses, time delays and damages that I/we or the estate of the decedent may incur due to the correction of death certificates.

I/we understand PLCM will seek legal action against me/us the undersigned if there is any form of misrepresentation or fraud on my/our part.

I/we understand that the "Death Certificate" is an important legal document.

I/we affirm that the information that I/we have provided is accurate and correct to the best of my ability.

I/we have provided the information above and agree that in the event changes need to be made after issuance, that I/we will be responsible for all charges incurred, including charges that may be additionally incurred regarding the correction and the reissuance of the death certificates.

I/we also understand that for corrected death certificates to be issued, I/we must collect and return all the originally issued certificates prior to any corrections being made.

I/we also understand that this process may take approximately 4 weeks for reissuance.

Name of Legal Next of Kin: _____

Relationship to Decedent: _____ National Insurance Number: _____ Date of Birth: _____

Address: _____

Telephone Number: _____ Email: _____ Date: _____



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Authorization to Prepare & Embalm Decedent

Consent to Embalm: ☐ Yes ☐ No

Name of Decedent: _____

I/We hereby ☐ authorize ☐ do not authorize Promise Land Commemorative Mortuary (PLCM), or any of its affiliates to include its agents and employees, to embalm, care for, and prepare for disposition of the above-named decedent, in accordance with its customary practices.

In providing this authorization, I/We acknowledge that embalming is not an exact science and that results are dependent upon a number of factors, including, but not limited to *the conditions under which the death occurred, time interval between death and the onset of the embalming procedure, physical condition at the time of death, medications, life-saving procedures, manner in which the death occurred, the cause of death, storage procedures of the releasing institution, natural elements of the environment present at time of death, tissue/organ donations, and post-mortem examinations (autopsies).*

I/We acknowledge and agree that this authorization permits PLCM to use the services of independent embalmers, apprentices or student interns in connection with such embalming, care for, and preparation of disposition provided that any person rendering such services are allowed to perform said work under applicable law.

I/We further acknowledge and agree that the embalming, care for, and preparation of the decedent, authorized herein, may be performed at PLCM's facility or at another facility equipped to provide such services as licensed by law.

I/We represent that I/We have the legal authority to give this authorization.

I/We agree to indemnify and hold harmless PLCM, its affiliates and their agents and employees from all liability or claims which may arise as a result of any action taken in accordance herewith. (View General Price List for Cost)

Height and Weight: Approximate Height ___ ft ___ inches Approximate Weight _____

Hair Grooming Male: ☐ Bald ☐ Bow Trim ☐ Fade ☐ Twist ☐ Lock ☐ Other _____

Beard: ☐ Clean Shave ☐ Low Trim ☐ Shape Up ☐ Left As-Is ☐ Goatee ☐ O _____

Moustache: ☐ Clean Shave ☐ Low Trim ☐ Shape Up ☐ Left As-Is ☐ Goatee ☐ C _____

Name of Legal Next of Kin

Signature

Relationship to Decedent