

Rest-Haven

Memorial Park & Funeral Home

Rest-haven Memorial Park Funeral Home has been contracted to provide first call and removal services today at your request.

These services have been preformed by _____

The decedent will be taken to our facilities and held until further direction is obtained and the decedent is issued a Death Certificate.

For any information, questions, or to schedule an arrangement conference please contact our facilities.

The following information is required by the State of Oregon for the Death Certificate. Please research and provide this information:

1. Legal Name (Include AKAs, if any)					2. Death Date (MON DD YYYY)	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death
		Months	Days	Hours	Minutes	
7. Birthdate (MON DD YYYY)	8a. Birthplace (City/Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education	
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.)			11. Decedent's Race(s)		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8)				14. City/Town		
15. Residence County		16. State or Foreign Country		17. Zip Code + 4		18. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital Status at Time of Death		20. Spouse's Name (If married or widowed, give name prior to first marriage.)				
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.)		
23. Father's Name (First, Middle, Last, Suffix)			24. Mother's Name Prior to First Marriage (First, Middle, Last)			
25. Informant's Name		26. Telephone Number	27. Relation to Decedent	28. Mailing Address (Number & Street, City/Town, State, Zip + 4)		
29. Place of Death			30. Facility Name			
31. Location of Death (Give address.)			32. City/Town or Location of Death		33. State	34. Zip Code + 4

3900 WILLAMETTE STREET ☆ EUGENE, OREGON 97405 ☆ 541/345-8521

"BEHIND THE WAVY BRICK WALL"