



Frantz Daniel Jean  
Funeral Services Inc.

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Date: \_\_\_\_\_

Reference: \_\_\_\_\_  
(Name Of Deceased)

This is to confirm that the information given by \_\_\_\_\_,  
(Informant Name)

to complete the death certificate of \_\_\_\_\_  
(Deceased Name)

has been verified by \_\_\_\_\_.  
(Informant Name)

I, \_\_\_\_\_, the informant, understand if a change  
is to be made after verification and the registration of the death certificate has been completed,  
there will be charges for the amendment from both the Department of Health and the Funeral  
home.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed Funeral Director Name: Timothy Jean