



Frantz Daniel Jean
Funeral Services Inc.

5020 Foster Avenue, Brooklyn, NY 11203 Tel: (718) 613-0228 Fax: (718) 451-1096 Email: Fdjfuneralservices@gmail.com

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