

VITAL STATISTICS FORM

DECEASED NAME: _____
FIRST MIDDLE LAST

RESIDENCE _____
STREET ADDRESS & NUMBER APT #
CITY, TOWN OR VILLAGE STATE ZIP CODE COUNTY

DATE OF DEATH _____ WILL (YES OR NO) _____ APPROXIMATE WEIGHT _____

DATE OF BIRTH _____ AGE _____ SEX _____
RACE _____ HISPANIC ORIGIN? ___ YES ___ NO IF YES, SPECIFY (I.E. PUERTO RICAN, CUBAN) _____
SOCIAL SECURITY # _____ PLACE OF DEATH _____

PLACE OF BIRTH _____ HOSPITAL OR HOME ADDRESS _____
CITY, TOWN OR VILLAGE STATE COUNTRY

MARITAL STATUS ___ NEVER MARRIED ___ MARRIED ___ WIDOWED ___ DIVORCED ___ SEPARATED

SPOUSE'S FIRST NAME _____ SPOUSE'S MAIDEN NAME _____

USUAL OCCUPATION _____ TYPE OF INDUSTRY _____

EMPLOYER _____ LOCATION (CITY & STATE) _____

FATHER'S NAME: _____
FIRST MIDDLE LAST

MOTHER'S NAME _____ MOTHER'S MAIDEN NAME _____

HIGHEST EDUCATION LEVEL ___ 8TH GRADE OR LESS ___ 9TH TO 12TH, NO DIPLOMA ___ HS GRADUATE OR GED
___ SOME COLLEGE, NO DEGREE ___ ASSOCIATE'S DEGREE ___ BACHELOR'S DEGREE
___ MASTER'S DEGREE ___ DOCTORATE / PROFESSIONAL DEGREE

VETERAN ___ YES ___ NO (IF YES, PLEASE PROVIDE DD214 OR ANY SUPPORTING DOCUMENTS)

DATE OF ENTRY _____ DATE OF DISCHARGE _____ BRANCH OF SERVICE _____
(ARMY, AIR FORCE, NAVY, MARINES, COAST GUARD)

NAME OF WAR _____ SERIAL # _____

CEMETERY _____ SEC _____ ROW _____ PLOT _____ GRAVE _____

INFORMANT NAME _____ RELATIONSHIP _____ EXECUTOR/EXECUTRIX Y / N

ADDRESS _____
STREET ADDRESS APT # PHONE NUMBER
CITY, TOWN OR VILLAGE STATE ZIP CODE EMAIL ADDRESS
AMOUNT OF CERTIFIED DEATH CERTIFICATES REQUESTED _____