

# Vital Statistics Information Form

1. Decedent's Name (First, Middle, Last, Suffix) \*
3. Date of Birth (mm/dd/yyyy)
- 4a. Age - Last Birthday (Years)
- 4b. Under 1 Year - Months / Days
- 4c. Under 1 Day - Hours / Minutes
5. Date of Death (mm/dd/yyyy) \*
6. Social Security Number \*
7. Birthplace (City and State or Foreign Country)
8. County of Death
10. Facility Name (If not institution, give street address)
- 11a. City, Town, or Location of Death
13. Surviving Spouse's Name (If wife, give maiden name)
- 14a. Residence - State
- 14b. County
- 14c. City, Town, or Location
- 14d. Street Address
- 14e. Apt. No.
- 14f. ZIP Code
- 15a. Decedent's Usual Occupation
- 15b. Kind of Business/Industry
16. Decedent's Race (Specify)
17. Hispanic or Haitian Origin? (Specify)
18. Education (Highest Level Completed)
20. Father's Name (First, Middle, Last, Suffix)
21. Mother's Name (First, Middle, Maiden Surname)

22a. Informant's Name

22b. Relationship to Decedent

23a. Informant's Mailing - State

23b. City or Town

23c. Street Address

23d. ZIP Code

24. Place of Disposition (Cemetery, Crematory, etc.)

25a. Location - State

25b. Location - City or Town

2. Sex

Male

Female

9. Place of Death

Inpatient

ER/Outpatient

Dead on Arrival

Hospice

Nursing Home

Home

Other

11b. Inside City Limits?

Yes

No

12. Marital Status

Married

Separated

Widowed

Divorced

Never Married

14g. Inside City Limits?

Yes

No

19. Ever in U.S. Armed Forces?

Yes

No

26a. Method of Disposition

Burial

Entombment

Cremation

Donation

Removal from State

Other