

Vital Statistics Information

Full Name _____

Address _____ Zip _____

Birth Place _____ Birth Date _____

Social Security Number _____

Marital Status _____ Spouse's Name _____

Father's Name _____

Mother's Full Maiden Name _____

Occupation (before retiring) _____

Industry worked in _____

Highest level of Education Completed _____

Veteran Y/N _____ If so, Branch _____

Burial or cremation _____

Place of Burial _____

All of the above information is required for a Virginia Death Certificate

Personal Information

How long a resident of the area? _____

Church membership _____

Clubs and organizations associated with and offices held _____

Survivors

Name

City/State

Spouse _____

Children _____

Parents _____

Siblings _____

Grandchildren _____

Great-Grandchildren _____

Other _____
