



Vital Statistics Worksheet

Information about the person who has passed away

First: _____ Middle: _____ Last: _____

Prefix: _____ Suffix: _____ Maiden Name: _____

Other Names/AKA: _____

Marital Status (circle one): *Married* *Widowed* *Divorced* *Never-married*

Date of Birth: _____ Age: _____ Race: _____

Birthplace: _____ Citizenship: _____

Legal Street Address: _____

Address Line 2: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Care Facility name if applicable: _____

SS#: _____ Highest School Grade or Type of College Degree: _____

Primary job or occupation when of working age: _____

Veteran?: *Yes or No* If yes, what rank?: _____

Branch of Service: _____ What year(s)?: _____

Please note that a copy of an honorable discharge document is required to apply for veteran benefits, or for veteran information to appear on the final death certificate.

Father's Name: _____ Birthplace: _____

Mother's Name: _____ Birthplace: _____

Please provide a maiden name or names if applicable.

Person in charge of funeral arrangements

Full Name: _____ Relationship to deceased: _____

Primary phone #: _____ Email Address: _____

Street Addr: _____ Apt#: _____

City: _____ State: _____ Zip: _____