Vital Information Form

For Death Certificate - Please Fill Out All Fields Accurately

Full Name: _____

Address: _____

Date/Place of Birth: _____

Social Security #: _____ Gender: _____

Ancestry (German, French, etc.): _____

Marital Status: _____ Date/Place of Marriage: _____

Spouse (Include Maiden Name): _____

Highest Level of Education: _____

Veteran: _____ Branch: _____ Wartime: _____

Occupation: _____ Employer: _____

Fathers Full Name: _____

Mothers Full Name (Maiden Name): _____

Next of Kin Full Name: _____

Next of Kin Address: _____

Next of Kin Phone #: _____

Next of Kin Email: _____

Burial/Cremation: _____ Cemetery: _____

Church Affiliation: _____

Services: _____

Products: _____

Notes: _____

_____

4210 N. Saginaw Rd. Midland, MI 48640
Web: www.wilson-miller.com

Wilson MILLER FUNERAL HOME INC.

Ph: 989-839-9966
Email: wmfh@wilsonmillerfh.com