VITAL STATISTICS

Confidential information form

INSTRUCTIONS

Please complete all applicable fields. Dates should be entered as mm/dd/yyyy.

BEFORE YOU BEGIN

- Complete all applicable fields using accurate information from available records.
- Enter names exactly as they appear on legal documents. Do not use nicknames unless listed as an AKA.
- Use the date format mm/dd/yyyy. Enter time of death using the 24-hour format when available.
- If information is unknown, enter Unknown rather than leaving a required field blank.
- For checkboxes, select only the option that applies. Use the detail field when prompted to specify.
- Review the completed form for spelling, dates, addresses, and identification numbers before submitting.

SECTION GUIDANCE

DECEDENT INFORMATION

Provide the decedent legal name, any full AKA, birth and death details, age, sex, Social Security number, military status, marital status, education, ethnicity, race, occupation, and industry.

AGE

Enter age in years. If under one year, complete months and days. If under 24 hours, complete hours and minutes.

RESIDENCE AND INFORMANT

Provide the usual residence before death. Include the informant full name, relationship, and complete mailing address.

FAMILY INFORMATION

Enter the surviving spouse and parents legal names. Use maiden names where requested, if known.

DISPOSITION AND PROFESSIONAL INFORMATION

Enter the disposition date, place, type, embalmer, and physician or coroner information, as applicable.

PLACE OF DEATH

Identify the facility or location, hospital status, county, address or location found, and city.

VITAL STATISTICS

Confidential information form

DECEDENT INFORMATION

Please complete all applicable fields. Dates should be entered as mm/dd/yyyy.

LEGAL NAME AND IDENTITY

1. FIRST NAME (Given)

2. MIDDLE NAME

3. LAST NAME (Family)

AKA / ALSO KNOWN AS - Include full name

DATES AND PERSONAL DETAILS

4. DATE OF BIRTH

7. DATE OF DEATH

8. TIME (24-hour)

6. SEX

5. AGE

YEARS

MONTHS

DAYS

HOURS

MINUTES

9. BIRTH STATE / FOREIGN COUNTRY

10. SOCIAL SECURITY NUMBER

BACKGROUND INFORMATION

11. EVER IN U.S. ARMED FORCES?

☐ Yes ☐ No ☐ Unknown

12. MARITAL STATUS AT TIME OF DEATH

13. HIGHEST LEVEL OF EDUCATION / DEGREE

14/15. SPANISH / HISPANIC / LATINO?

☐ Yes ☐ No

IF YES, SPECIFY

16. RACE - Up to 3 races may be listed

VITAL STATISTICS

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RESIDENCE AND INFORMANT

Please complete all applicable fields. Dates should be entered as mm/dd/yyyy.

EMPLOYMENT HISTORY

17. USUAL OCCUPATION - Type of work for most of life

18. KIND OF BUSINESS OR INDUSTRY

19. YEARS

USUAL RESIDENCE

20. STREET ADDRESS AND NUMBER

21. CITY

22. COUNTY / PROVINCE

23. ZIP CODE

24. YEARS IN COUNTY

25. STATE / FOREIGN COUNTRY

INFORMANT

26. INFORMANT NAME

RELATIONSHIP TO DECEDENT

27. INFORMANT MAILING ADDRESS

ADDRESS GUIDANCE

Include street and number or rural route, city or town, state, and ZIP code.

Verify spelling and postal information before submitting the form.

VITAL STATISTICS

Confidential information form

FAMILY, DISPOSITION AND DEATH

Please complete all applicable fields. Dates should be entered as mm/dd/yyyy.

SURVIVING SPOUSE AND PARENTS

28. SPOUSE - FIRST

29. MIDDLE

30. LAST / MAIDEN NAME

31. FATHER - FIRST

32. MIDDLE

33. LAST

34. BIRTH STATE

35. MOTHER - FIRST

36. MIDDLE

37. LAST / MAIDEN

38. BIRTH STATE

DISPOSITION AND PROFESSIONAL INFORMATION

39. DATE OF DISPOSITION

40. PLACE OF FINAL DISPOSITION

41. TYPE OF DISPOSITION(S)

42. EMBALMER

43. PHYSICIAN MAILING ADDRESS AND ZIP

44. PHYSICIAN NAME OR CORONER CASE NUMBER

PLACE OF DEATH

45. PLACE OF DEATH / FACILITY

46. IF HOSPITAL, SPECIFY ONE

- [ ] IP
- [ ] ER/OP
- [ ] DOA

47. IF OTHER THAN HOSPITAL, SPECIFY ONE

- [ ] Hospice
- [ ] Nursing Home / LTC
- [ ] Decedent's Home
- [ ] Other

DETAIL

48. COUNTY

49. FACILITY ADDRESS / LOCATION FOUND

50. CITY

ADDITIONAL NOTES