Baca's Funeral Chapels
300 E. Boutz Rd
Las Cruces, NM 88004
575-527-222
FAX : 575-527-9876
www.bacasfuneralchapels.com

VITAL INFORMATION

NAME: First		**Middle**		**Last**		**Sex**
Address:		**City**		**County**	**State**	
Telephone:	**Social Security Number**	**Occupation**		**Last Employing Co.**		
Birth date	**Birthplace: City**		**County**	**State**		**Citizen**
Martial Status	**Spouse (If wife, Use Maiden Name)**			**If Spouse is Deceased: Date of Death**		
Date of Marriage	**Place of Marriage**			**Married by**		
Father's Name		**His birthplace**		**Mother's Name (Maiden)**		**Her birthplace**
If Veteran, Name of War	**Branch of Service**		**Rank and Service No.**			
C#	**Date and Place of Entry**					
Service Pension Yes No	**Date and Place of Discharge**					

BIOGRAPHICAL INFORMTION

Education: Indicate highest grade completed	Decedent's Race:	Decedent's Hispanic Origin: (if applicable)
Deceased Received Social Security Income?	If Female: Give maiden name:	
Member of the following Churches, Lodges, Clubs and Organizations – Civic, Fraternal, Veteran		

ADDITIONAL INFORMATION
