



RECORD OF VITAL STATISTICS

Full Legal Name (Include Maiden Name if applicable) _____ Age _____

Legal Address _____

Place of Passing _____ DOD _____ Hour _____

City _____ State _____ Twp or Borough _____

Sex: _____ Check one: _____ Single _____ Married _____ Widowed _____ Divorced _____

Descendants Race (Check one)

| | | |
|--|------------------------------|--|
| _____ White | _____ Korean | _____ Mexican, Mexican American Chicano |
| _____ Black or African American | _____ Vietnamese | |
| _____ American Indian or Alaska Native | _____ Other Asian | _____ Puerto Rican |
| _____ Asian Indian | _____ Native Hawaiian | _____ Cuban |
| _____ Chinese | _____ Guamanian or Chamorro | |
| _____ Fillipino | _____ Samoan | _____ Other Spanish/Hispanic Latino (specify below): |
| _____ Japanese | _____ Other Pacific Islander | |
| _____ Other: _____ | _____ Guamanian or Chamorro | _____ |

Veteran? (check one): _____ Yes _____ No If "Yes": Dates of Service: _____

Branch: _____

Receiving Benefits? _____

Initial: _____



Birthdate _____ Birthplace _____

Education (Highest Degree) _____ S.S.# _____

Occupation _____ Industry _____

Mother's Full Name (Include Maiden name) _____

Father's Name _____

Name of Spouse _____ If wife, Maiden Name _____

If Spouse is Deceased, Date of Death: _____ Place of Death _____

Next of Kin _____ Relationship _____

Address _____ Phone _____

Initial: _____