

VITAL STATISTICS

DECEASED NAME: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

INSIDE CITY LIMITS? YES / NO COUNTY: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: MALE FEMALE

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ HIGHEST EDUCATION: \_\_\_\_\_

BIRTHPLACE: CITY \_\_\_\_\_ STATE \_\_\_\_\_

USUAL OCCUPATION: \_\_\_\_\_ BUSINESS/INDUSTRY: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE NAME (MAIDEN): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_

IN THE MILITARY? YES / NO BRANCH: \_\_\_\_\_ COPY OF DD 214: Y / N

INFORMANT'S NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MEMORIAL SERVICE INFORMATION: \_\_\_\_\_

DR TO SIGN DC INFORMATION: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

**\*PACEMAKER? YES / NO \***

NOTES: \_\_\_\_\_  
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