

Vital Statistics

Name of Deceased (First, Middle, Last) + Maiden Name if Female

Date of Birth	Birthplace (City and State or Country)
Social Security#	
Decedent's Residence Address	
City: State:	Zip:
Country of Citizenship	(if immigrated, how many years in U.S.)
Veteran of U.S. Armed Forces 🖵 Yes 🖵 No	Branch
Race of Decedent (Check one or more) 🖵 Ar	nerican Indian/Alaskan Native (Specify)
□ White □ Black or African American □ Fi	lipino 🗖 Korean 🗖 Other Pacific Islander(Specify)
	Vietnamese ☐ Other Asian (Specify)
$lue{}$ Native Hawaiian $lue{}$ Latino/Hispanic (Spec	sify): □ Japanese □ Unknown □ Other
Usual or Last occupation (Do Not List Retired)	
Kind of Industry	
	/Secondary (0-12) # □ H.S. Diploma □ GED Years of College#
	☐ Master's Degree ☐ Doctorate/Professional ☐ Unknown
Marital Status: • Married • Never Married	☐ Married but Separated ☐ Widowed ☐ Divorced
If married, separated, widowed: Name of Spa	use
Full Name of Decedent's Father	
Full Name of Decedent's Mother	Maiden Name
Name of Informant	
Person providing this Vital Statistical information_	
Informant Phone Number	
Relationship to decedent	
Complete Address:	State: Zip:

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