



Vital Statistics Form

Deceased's Personal Information			
First Name	Middle Name	Last Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Place of Birth (City & State or Country)	Social Security Number	
Ever Served in U.S. Armed Forces? (If yes, specify) <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Marital Status (Check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Education (Highest Level/Degree)	
Race or Ethnicity	Hispanic Origin (If yes, specify) <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
Usual Occupation (DO NOT USE RETIRED)	Industry Worked in		

Deceased's Legal Residence			
Street & Number, include PO Box if Applicable	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of Time at Current Residence	Phone Number (With Area Code)
City	County	State	Zip Code

Deceased's Spouse and Parent's Information		
Name of Spouse – First	Middle	Last – Maiden Name
Name of Father – First	Middle	Last
Name of Mother – First	Middle	Last – Maiden Name

Informant (The Person in Charge of the Arrangements)		
Name	Relationship	Phone Number