

VITAL STATISTICS

NAME _____ AGE _____
 FIRST MIDDLE LAST

DECEASED'S ADDRESS CITY - STATE - ZIP COUNTY

SEX M F RACE - ETHNICITY MARTIAL STATUS CITIZEN

BIRTHPLACE DATE OF BIRTH

FATHER'S NAME MOTHER'S NAME (MAIDEN)

OCCUPATION EMPLOYER

SOCIAL SECURITY NO. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

VETERAN, WAR AND BRANCH OF SERVICE

INFORMANT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

BURIAL: _____

CREMATION: _____ YES/NO