

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: _____ 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: _____

