



VITAL STATS INFORMATION
(All information below pertains to the deceased.)

1. DECEASED NAME _____
First Middle Last

2. DATE OF DEATH _____ 2a. PRONOUNCED TIME OF DEATH (IF KNOWN) _____
Month Day Year

3a. COUNTY OF DEATH _____ 3b. CITY, TOWN, OR LOCATION OF DEATH _____

3c. NAME OF INSTITUTION OR ADDRESS OF LOCATION OF DEATH _____

3d. IF HOSPITAL, PLEASE INDICATE DOA, OP/EMERGENCY, INPATIENT, ICU, OTHER _____ Zip _____

4. GENDER M / F 5. RACE _____ 5. HISPANIC ORIGIN? _____
(eg. White, Black, American Indian, Etc.) 6. (Specify Mexican, Cuban, Puerto Rican, etc.)

7a. AGE _____ UNDER 1 YEAR _____ UNDER 1 DAY _____
Years Months Years Hours Mins

8. DATE OF BIRTH _____ 9a. STATE OF BIRTH (if not U.S., name country) _____
Month Day Year

9b. CITIZEN OF WHAT COUNTRY _____ 10. YEARS IN SCHOOL _____ DEGREE _____

11. MARITAL STATUS _____ 12. SURVIVING SPOUSE _____
(Married, Never Married, Widowed, Divorced) (If wife, maiden name?)

13. SOCIAL SECURITY NUMBER _____ 14a. USUAL OCCUPATION _____
(Most common work, no retired)

14b. KIND OF BUSINESS OR INDUSTRY _____ 14c. EVER IN US ARMED FORCES? _____

15a. RESIDENCE - STATE _____ 15b. COUNTY _____ 15c. CITY _____

15d. STREET AND NUMBER _____ 15e. ZIP _____

16. FATHER - NAME _____ MOTHER _____
First Middle Last First Middle Maiden

18a. INFORMANT - NAME _____ RELATIONSHIP TO DECEASED _____

18b. MAILING ADDRESS _____
Street City State Zip

18c. CONTACT PHONE _____ 19a. BURIAL, CREMATION, OTHER _____

19b. CEMETERY _____ 19c. CEMETERY LOCATION _____
City State