

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: _____

Ancestry: _____

Veteran of U.S. Armed Forces ☐ Yes ☐ No Branch _____

Race of Decedent (Check one or more) ☐ American Indian/Alaskan Native (Specify) _____

☐ White ☐ Black or African American ☐ Latino/Hispanic (Specify): _____ ☐ Filipino ☐ Korean

☐ Other Pacific Islander (Specify) _____ ☐ Asian Indian ☐ Chinese ☐ Samoan ☐ Vietnamese

☐ Other Asian (Specify) _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Japanese

☐ Unknown ☐ Other _____

Usual or Last occupation (Do Not List Retired) _____

Kind of Industry _____

Highest Level of Education(Completed) Elem/Secondary (0-12) # _____ ☐ H.S. Diploma ☐ GED Years of College# _____

☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate/Professional ☐ Unknown

Marital Status: ☐ Married ☐ Never Married ☐ Married but Separated ☐ Widowed ☐ Divorced

If married, separated, widowed: Name of Spouse _____

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: _____