

Vital Statistics

Personal Data (Please print, as this information is needed for completion of the death certificate at time of death)				
First Name	Middle Name	Last Name	Maiden Name	
Date of Birth	City & State or Country of Birth	Social Security Number	A.K.A.	
Marital Status (Check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race or Ethnicity	Hispanic? (If yes, specify)	Ancestry
Highest Level of Education Completed	Usual Occupation	Kind of Business	Years in Occupation	
Residence & Contact Information				
Legal Residence		Email	Phone	
City	County	State or Country	Zip	Years in County
Surviving Spouse Information				
First	Middle	Last / Maiden		
Parent Information				
Name of Father: First	Middle	Last	Birth City & State or Country	
Name of Mother: First	Middle	Last (Maiden)	Birth City & State or Country	
If you are a Veteran, please provide the below information:				
Date of Enlistment	Date of Discharge	Serial Number	Place of Enlistment	
Place of Discharge	Rate or Rank	Branch of Service		
Informant Information				
Primary Informant Name		Relationship	Phone	
Street Address	City, State	Zip	Email	
Alternate Informant Name		Relationship	Phone	
Street Address	City, State	Zip	Email	
Alternate Informant Name		Relationship	Phone	
Street Address	City, State	Zip	Email	