

Vital Statistic Information

Full Name of Deceased _____
First Middle Last

Sex _____

Date of Death _____

Place of Death _____

County of Death _____

Primary Doctor Information _____ Phone Number _____

Date of Birth _____

Place of Birth _____

Social Security Number _____

Marital Status _____

Surviving Spouse Name _____ (include wife's maiden name)

Ever in Armed Forces YES/NO **Please include copy of DD214**

Highest Level of Education _____

Usual Occupation _____ Industry _____

Decedent Race _____

Of Hispanic Origin? _____

Current Resident Address _____
Address City State Zip

Father's Full Name _____
First Middle Last

Mother's Full Name _____
First Middle **Maiden Name**

Place and Date of Disposition _____

Informant's Name _____ Relationship _____

Informant's Address _____
Address City State Zip

Number of Certified Copies of Death Certificate _____

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