

VITAL STATISTIC FORM

Full Name (First, Middle, Last): _____

Legal Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Place of Birth (City and State): _____

Gender: _____ Social Security #: _____ Citizen of what Country: _____

Race: _____ Hispanic Decent: ☐ Yes ☐ No Origin: _____

Years of Education: _____ Degree: _____

Military Service: ☐ Yes ☐ No Branch: _____

Usual Occupation During Years of Working: _____ Type of Industry: _____

Biological/Adoptive Father's Full Legal Name: _____

Biological/Adoptive Mother's Full Legal Name with Maiden Name _____

Marital Status: _____ Spouse: _____
Married/Never Married/Widowed/Divorced (If Wife, MAIDEN name)

Preferred individual you authorize the funeral/crematory home to communicate with at the time of your passing.

Name: _____ Phone: _____ Relationship: _____

Address: _____ Email: _____

Alternative individual you authorize funeral/crematory home to communicate with at the time of your passing:

Name: _____ Phone: _____ Relationship: _____

Address: _____ Email: _____

Alternative individual you authorize funeral/crematory home to communicate with at the time of your passing:

Name: _____ Phone: _____ Relationship: _____

Address: _____ Email: _____

If only one individual is authorized to communicate please indicate reason why: _____

Signature

Print Name

Date