

## **Vital Statistics Form**

Please complete the information below as it pertains to the person for whom arrangements are being made. This information is necessary to file the appropriate forms for Prearrangement contracts, Death Certificate and any permits required at the time of need.

**Full Legal Name:** (Including Maiden) \_\_\_\_\_

**Address:** \_\_\_\_\_

**County of Residence** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's Name:** (Including Maiden) \_\_\_\_\_

**Marital Status:** (Married, Divorced, Never Married or Widowed) \_\_\_\_\_

**Name of Spouse:** (Including Maiden) \_\_\_\_\_

**Usual Occupation:** \_\_\_\_\_

(The Bureau of Vital Statistics will not accept "retired", we must have the occupation at the time of employment or "homemaker")

**Industry:** \_\_\_\_\_

**Highest level of Education Obtained:** \_\_\_\_\_

(i.e.: 9-12 grade, high school diploma or GED, some college, or highest level of college degree obtained.)

**Social Security Number:** \_\_\_\_\_

**Name and Address of Physician:** \_\_\_\_\_

**Veteran:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Branch of Service** \_\_\_\_\_

**Informant's Full Name:** \_\_\_\_\_

**Relationship to Deceased:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

After completing the Vital Statistics Form, please send to us at your earliest convenience. Please contact us with any questions or concerns. 1-800-300-0223