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Vital Statistics

Name of Deceased (First, Middle, Last)

Date of Birth _____ Birth State (US, MX & CN) / Country _____

Social Security# _____ Veteran of U.S. Armed Forces Yes No Branch _____

Decedent's Residence

Address _____

City: _____ State: _____ Zip: _____

County _____ (How long lived in County) _____

Race of Decedent (Check up to three) American Indian/Alaskan Native (specify) _____

White Black or African American 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 _____ Years in Occupation _____

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

Some College, no Degree Associate Degree Bachelor's Degree Master's Degree Doctorate

Professional Unknown

Marital Status: Married Never Married Widowed Divorced Unknown

State Registered Domestic Partnership

Surviving Spouse _____

Full Name of Decedent's Father _____
First Middle Last (birth/maiden)

Birth State (US, MX, & CN)/Country _____
First Middle Last (birth)

Full Name of Decedent's Mother _____

Birth State (US, MX, & CN)/Country _____
First Middle Last (birth/maiden)

Name of Informant

Person providing this Vital Statistical information _____

Informant Phone Number _____

Relationship to decedent _____

Mailing Address: _____ State: _____ Zip: _____