



Vital Statistics Information

Deceased Information:

Full Name of Deceased _____

Male or Female _____ Social Security Number _____

Date of Death _____ Date of Birth _____ Age at Death _____

City of Birth _____

State of Birth _____

Current Street Address _____

City _____ State _____

Zip Code _____ Within City Limits? Yes or No _____

Marital Status (Married, Widowed, Divorced, Never Married) _____

If Married, Spouse's Full Maiden Name _____

Education Completed (9th Grade, Some College, Masters Degree, etc.) _____

Is Deceased Hispanic in Origin? Yes or No _____

If yes, specify _____

Race of Deceased _____

Ancestry of Deceased _____

Occupation (Before Retiring) _____

Father's Full Name _____

Mother's Full Maiden Name _____

Did Deceased Ever Serve in Military? Yes or No _____

If Yes, Which Branch of Service _____

Date of Entry _____ Date of Discharge _____

Relative Information:

Your Full Name _____

Relationship to Deceased _____

Current Street Address _____

City _____ State _____

Zip Code _____

Phone Number _____ Email Address _____

