

VITAL STATISTICAL INFORMATION

NAME OF DECEASED: _____

DATE OF DEATH: _____ HOUR: _____

DECEASED'S ADDRESS (CITY, STATE, ZIP, COUNTY): _____

PLACE OF DEATH (CITY, STATE, ZIP, COUNTY): _____

SEX: _____ RACE-ETHNICITY: _____ MARITAL STATUS: _____ CITIZEN: _____

BIRTHPLACE: _____ DATE OF BIRTH: _____ AGE: _____

FATHER'S NAME: _____

MOTHER'S NAME & Maiden Name _____

OCCUPATION: _____ EMPLOYER: _____

SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): _____

SOCIAL SECURITY NO.: _____ TELEPHONE NUMBER: _____

IF VETERAN, DATES & BRANCH OF SERVICE: _____ RANK AND SERVICE NO.: _____

DECEASED'S EDUCATION LEVEL: _____ INFORMANT'S TELEPHONE NO.: _____

INFORMANT'S NAME & ADDRESS: _____

CERTIFICATE SIGNED BY _____ CAUSE OF DEATH _____

BURIAL: _____ TOMBMENT _____ CREMATION _____

IF BURIAL, NAME, ADDRESS OF CEMETERY: _____

OTHER INFORMATION _____

NUMBER OF CERTIFIED DEATH CERTIFICATES REQUESTED: _____

SEND CERTIFICATES TO: _____