

VITAL STATISTICS INFORMATION SHEET

Full Name _____ Sex _____

Home/ Residence Address _____ City _____ Zip Code _____

Place of Death _____ Address _____

Date of Birth _____ Age _____ Date of Death _____ Time _____

Place of Birth (City & State) _____ Social Security No. _____

Never Married - Married - Domestic Partner - Widowed - Divorced # of Years Married ___ Ethnicity _____

Full Name of Spouse _____ # of Years in County of Death _____
(include maiden name, if applicable)

Full Name of Father _____ Birthplace _____

Full Name of Mother _____ Birthplace _____
(include maiden name)

Primary Occupation _____ Business/Industry _____

Employer _____ Years in Occupation _____

Doctor _____ Address _____ Phone _____

Legal Next of Kin _____ Relationship _____

Address _____ Phone _____

SURVIVING FAMILY MEMBERS

RELATIONSHIP	NAME	ADDRESS, CITY, STATE, ZIP CODE

COMMENTS, QUESTIONS, INSTRUCTIONS:

