

VITAL RECORDS INFORMATION SHEET

TODAY'S DATE

COUNSELOR

Name of Deceased				Maiden		Sex	
Date of Death				Hour		Autopsy?	
Race		Was the decedent Y or N of Hispanic origin?		If yes, specify (Mexican, Cuban, Puerto Rican, etc.)			
Date of Birth				Age		Days	
		Yrs.		Mos.		Days	
Social Security Number		Place of Death		Hospital: Other:		Inpatient Nursing Home	
				ER/Outpatient Resident		DOA	
Place of Death				City Limits			
Name of Hospital or Institution (if not in hospital, give street address)				Y		N	
City		County			State		Zip
ME		Doctor		Address			
Y N							
City		State		Zip Code		Phone	
Birthplace (City and State or Foreign Country)				Citizen of what Country?		Veteran?	
Usual Occupation				Kind of Business or Industry			
Residence							
City		County			State		Zip
Father's Name				Mother's Maiden Name			
Never Married, Married, Widowed, Divorced (Specify)				Decendant's Education (Highest Grade Completed) Grades (0-12) College (1-4 or 5+)			
Surviving Spouse: If wife, give maiden name				Spouse's Date of Death		Spouse's Social Security No.	
Place of Marriage						Date	

Informant		Relationship		S.S.#	
Address		Phone		Cell	
City		State		Zip Code	

Email _____