VITAL INFORMATION SHEET

Name of deceased (birth given, birth middle, legal last, and maiden)

_____

_____

Age_____

Date of death_____ Time of death_____

Place of death _____

County/State of death _____

Deceased Residential address _____

_____County_____

Address Inside City Limits? Y N

Marital Status? NM- M- D- W - M but Sep- Unk

Surviving Spouse Name (and Maiden) _____

_____

Veteran of Armed Forces? Y N If so, what Branch? _____ DD214_____

Deceased Date of Birth _____

Deceased City & State of Birth _____

_____

Race (black, white, Indian, etc…)

_____

Deceased of Hispanic Origin? _____

If so, what ethnicity (Mexican, Puerto Rican, etc…)

_____

Social Security Number _____

Highest Level of Education _____

Occupation when working _____

Industry _____

Fathers name (first)_____(middle)_____

(last)_____

Mothers name (first)_____(middle)_____

(last)_____ (maiden)_____

Informant full name_____

_____

Relationship to deceased_____

Address_____

_____

Telephone number_____

Email Address _____

SS#_____

Date of Birth_____