

# VITAL STATISTICS

NAME OF DECEASED		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		BIRTHPLACE	
ADDRESS		CITY LIMITS	
CITY	STATE	ZIP	PARISH/COUNTY
SEX	RACE	MARITAL STATUS	
EDUCATION		U.S. CITIZEN	
USUAL OCCUPATION		INDUSTRY	
VETERAN?		BRANCH (IF APPLICABLE)	
FATHER'S NAME		FATHER'S BIRTHPLACE	
MOTHER'S NAME (INCLUDE MAIDEN)		MOTHER'S BIRTHPLACE	
SPOUSE'S NAME (FOR WIFE, INCLUDE MAIDEN)			
INFORMANT'S NAME		RELATIONSHIP	
ADDRESS		PHONE NUMBER	
CITY	STATE	PARISH/COUNTY	
ADDITIONAL RELATIVE		PHONE NUMBER	

## FOR OFFICE USE ONLY

MILITARY RANK		SERVICE NUMBER	
DATE OF DEATH		TIME OF DEATH	AGE
PLACE OF DEATH		CITY LIMITS	NAME OF CEMETERY
CITY	STATE	PARISH/COUNTY	
( ) INPATIENT	( ) RESIDENCE	DEATH CERT. SIGNED BY  DOCTOR'S PHONE#	
( ) ER/OUTPATIENT	( ) DOA		
( ) NURSING HOME	( ) OTHER		