

# Demaray Funeral Service, Inc.

Gooding Chapel \* Shoshone Chapel \* Wendell Chapel

## Main Office

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## Vital Record Worksheet

DECEDENT'S FULL LEGAL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: (City, State, Country) \_\_\_\_\_

RESIDENCE (State) \_\_\_\_\_ (County) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_ INSIDE CITY LIMITS: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE NAME: (Include maiden name) \_\_\_\_\_

EVER IN ARMED FORCES \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ FATHER'S STATE OF BIRTH: \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_ MOTHER'S STATE OF BIRTH: \_\_\_\_\_

METHOD OF DISPOSITION: (Burial, Cremation) \_\_\_\_\_ (Name of Cemetery) \_\_\_\_\_

TYPE OF OCCUPATION: \_\_\_\_\_ TYPE OF INDUSTRY: \_\_\_\_\_

EDUCATION: (Highest Grade) \_\_\_\_\_ COLLEGE/DEGREE: \_\_\_\_\_

RACE: \_\_\_\_\_ OF HISPANIC ORIGIN: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ OFFICE LOCATION: (City/State) \_\_\_\_\_

### WHO PROVIDED THIS INFORMATION

INFORMANT'S NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MAILING ADDRESS: (Address; City; State; Zip) \_\_\_\_\_