

Vital Statistics Sheet

*The information received below will be entered on the proper legal documents that will be kept on permanent file with the Vital Statistics Dept. of the State Health Dept. Agency of the appropriate State Government.*

Full Name \_\_\_\_\_

AKA \_\_\_\_\_

Address: \_\_\_\_\_

Birth Place (City) \_\_\_\_\_ (State) \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Social Security Number \_\_\_\_\_

Race \_\_\_\_\_ Hispanic, yes ( ) Specify Origin \_\_\_\_\_ No ( )

Present or Last Occupation \_\_\_\_\_ (retired is not acceptable) Industry \_\_\_\_\_ Number of years \_\_\_\_\_

Kind of Business \_\_\_\_\_

Military Service: Yes ( ) No ( )

Years as resident of county \_\_\_\_\_

Highest level of education completed : ( ) Doctorate, ( ) Masters, ( ) Bachelor's, ( ) Associate's, ( ) Some College, ( ) High School Graduate, if not a high school graduate highest grade completed \_\_\_\_\_

Marital Status, ( ) Married, ( ) Divorced, ( ) Never Married, ( ) Widowed

Name of Living Spouse \_\_\_\_\_  
If wife, give maiden name

Name of Father \_\_\_\_\_ Birth State \_\_\_\_\_  
State or country

Full Maiden Name of Mother \_\_\_\_\_ Birth State \_\_\_\_\_  
State or country

Name of informant \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Ph# \_\_\_\_\_

Physican: \_\_\_\_\_

Address and phone no. \_\_\_\_\_