

DECEASED VITAL STATISTICS

FIRST NAME _____ MIDDLE _____ LAST _____

MAIDEN _____ PREVIOUS LAST NAMES OR AKA'S _____

MALE FEMALE DATE OF BIRTH _____ SOCIAL SECURITY # _____

COMPLETE ADDRESS: _____

CITY OF BIRTH _____ STATE OF BIRTH _____ COUNTY _____

OCCUPATION _____ BUSINESS/INDUSTRY _____

FATHER'S FIRST NAME _____ MIDDLE _____ LAST _____

MOTHER'S FIRST NAME _____ MIDDLE _____ MAIDEN _____

MARITAL STATUS: MARRIED DIVORCED WIDOWED NEVER MARRIED LEGALLY SEPARATED UNKNOWN

SPOUSE NAME: FIRST _____ MIDDLE _____ MAIDEN _____

VETERAN? YES NO AIR FORCE ARMY NAVY MARINES NATIONAL GUARD UNKNOWN

IS DECEASED OF HISPANIC ORIGIN? YES NO UNKNOWN ** IF YES PLEASE CHECK APPROPRIATE BOX

SPANISH/HISPANIC/LATINO MEXICAN, MEXICAN AMERICAN, CHICANO CUBAN PUERTO RICAN SOUTH AMERICAN

RACE: (CHECK ONE OR MORE RACES TO INDICATE WHAT THE DECEASED CONSIDERED THEMSELVES TO BE) WHITE BLACK OR AFRICAN AMERICAN

CHINESE JAPANESE NATIVE HAWAIIAN FILIPINO ASIAN INDIAN KOREAN SAMOAN VIETNAMESE GUAMANIAN OR CHAMORRO

AMERICAN INDIAN OR ALASKA NATIVE _____ OTHER ASIAN _____

OTHER _____ UNKNOWN

DECEASED EDUCATION: 8TH GRADE OR LESS 9TH- 12TH GRADE, NO DIPLOMA HIGH SCHOOL GRAD. OR GED SOME COLLEGE, BUT NO DEGREE

ASSOCIATE DEGREE (AA, AS) BACHELORS DEGREE (BA, AB, BS) MASTERS DEGREE (MA, MS, ME) DOCTORATE (PhD, EdD, MD, DDS, DVM, JD)

NONE UNKNOWN

DEATH INFORMATION

DATE OF DEATH _____ CITY OF DEATH _____ COUNTY OF DEATH _____

PLACE OF DEATH HOSPITAL _____ NURSING HOME _____ OTHER _____

TIME OF DEATH _____ DR. SIGNING DEATH CERTIFICATE _____

FULL ADDRESS OF DEATH _____ INSIDE CITY LIMITS: YES OR NO

INFORMANT INFORMATION

NAME _____ RELATIONSHIP _____ PHONE # _____

FULL ADDRESS: _____

DISPOSTION: BURIAL CREMATION DONATION REMOVAL FROM STATE ENTOMBMENT

PLACE (NAME OF CEMETERY OR CREMATORY) _____

PHONE _____ CONTACT _____

DATE OF DISPOSTION: _____ TIME _____