

**VITAL INFORMATION FORM**

(Required for non-Medical portion of the Death Certificate)

**Please type or print as clearly as possible. All information will be transcribed onto the official death certificate. THANK YOU.**

1. NAME OF DECEDENT- FIRST		2. MIDDLE		3. LAST	
4. AKA. ALSO KNOWN AS ~ Include full AKA (FIRST, MIDDLE, LAST)			5. DATE OF BIRTH mm/dd/ccyy		6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
7. BIRTH STATE/ FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER		9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
10. OCCUPATION - Type of work most of life. DO NOT USE RETIRED		11. KIND OF BUSINESS (e.g. grocery store, education, etc.)			12. YEARS IN OCCUPATION
13. DECEDENT'S HOME ADDRESS (Street and number or location)					
14. DECEDENT'S CITY OF RESIDENCE		15. COUNTY/PROVINCE		16. YEARS IN COUNTY	17. STATE/FOREIGN COUNTRY
18. ZIP CODE					
19. MARITAL STATUS (Check One) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN					
20. EDUCATION- HIGHEST LEVEL (refer to worksheet)		21. WAS DECEDENT SPANISH/HISPANIC/LATINO (if yes, see worksheet) <input type="checkbox"/> YES: _____ <input type="checkbox"/> NO			22. RACE (see worksheet)
23. NAME OF SPOUSE (If living)		24. MIDDLE		25. LAST (If wife, enter Maiden Name)	
26. NAME OF DECEDENT'S FATHER- FIRST		27. MIDDLE		28. LAST	
29. BIRTH STATE					
30. NAME OF DECEDENT'S MOTHER- FIRST		31. MIDDLE		32. LAST (Maiden Name)	
33. BIRTH STATE					
34. FINAL DISPOSITION (Check One) <input type="checkbox"/> BURIAL <input type="checkbox"/> RESIDENCE <input type="checkbox"/> SEA SCATTER					
35. NAME AND ADDRESS OF PERSON(S) WHO WILL KEEP CREMAINS AT THEIR RESIDENCE AND THEIR RELATIONSHIP, OR CEMETERY NAME & ADDRESS, OR LOCATION WHERE CREMAINS ARE TO BE SCATTERED					
36. INFORMANT'S NAME AND RELATIONSHIP			37. INFORMANT'S MAILING ADDRESS (Street and number or location)		
38. INFORMANT'S CITY, STATE, AND ZIP				39. INFORMANT'S PHONE NUMBER (with Area Code)	
40. PHYSICIAN'S NAME				41. PHYSICIAN'S PHONE NUMBER	
42. PHYSICIAN'S ADDRESS			43. PHYSICIAN'S CITY, STATE, AND ZIP		