

Demaray Funeral Service, Inc.

Gooding Chapel * Shoshone Chapel * Wendell Chapel

Main Office

737 Main Street Gooding, Idaho 83330

(208) 934-4406 Fax (208) 934-4407

Email ~ demarayfuneralservice@gmail.com

Web ~ demarayfuneralservice.com

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 (Maiden): _____

EVER IN ARMED FORCES: _____ BRANCH OF SERVICE: _____

FATHER'S FULL NAME: _____

FATHER'S BIRTHPLACE: _____

MOTHER'S FULL MAIDEN NAME: _____

MOTHER'S BIRTHPLACE: _____

METHOD OF DISPOSITION: (Burial, Cremation) _____

PLACE OF DISPOSITION: (Name of Cemetery/Crematory) _____

INFORMANT'S NAME: _____ RELATIONSHIP: _____

MAILING ADDRESS: (State): _____ (City): _____ (Zip): _____

OCCUPATION: _____ INDUSTRY: _____

EDUCATION: (Highest Grade) _____ COLLEGE/DEGREE: _____

RACE: _____ OF HISPANIC ORIGIN: (Yes/No) _____

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