PRYORITY
FUNERAL EXPERIENCE

VITAL INFORMATION FORM

*(To be **completed** **in** **full** by family)*

Please type or print as clearly as possible. All information will use for the official death certificate.

Full name of Deceased (*First, Middle, Last, Maiden*) _____

Sex_____ Date of Death _____ Race_____

Was the decedent of Hispanic origin? (*Circle one*) YES NO **If yes, specify** (*Mexican, Cuban, Puerto Rican, etc*) _____

Date of Birth_____ Age (in years last birthday) _____

Social Security Number _____

PLACE OF DEATH (circle only one)

Hospital (*Circle one*) INPATIENT ER/OUTPATIENT DOA OTHER: NURSING HOME RESIDENCE OTHER (specify)

Place of Death – COUNTY _____ City/Town (*If outside city limits, give precinct number*) _____

Name of Hospital or Institution (*If not hospital, give street address*) _____

Inside city limits? (*Circle one*) YES NO

Birthplace (*City & State or foreign country*) _____ Country _____

Was Decedent ever in U.S. Armed Forces (*Circle one*) YES NO

Marital Status (*Circle one*) MARRIED NEVER MARRIED WIDOWED DIVORCED

Surviving Spouse (*If wife, give maiden name*) _____ Maiden Name _____

Decedent's Education (Highest grade completed) (*Circle one*) Grades 0-12 _____ College 1-4 or 5+ _____

Usual Occupation (*give kind of work done during most of working life. Do not use retired.*) _____

Kind of Business or Industry _____

Deceased Residence – (*City/Town, State, Zip Code & County*) _____

Street Address _____ **Inside city limits** (*Circle one*) YES NO

Father's Full Name _____

Mother's Full Maiden Name _____

Name of Informant _____ Address _____

Method of Disposition (*Circle one*) BURIAL CREAMATION REMOVAL FROM STATE DONATION OTHER (specify)

Place of Disposition (*Name of cemetery, crematory or other place*) _____

Location (*City/Town, State*) _____

Date of Disposition _____