

Vital Statistics

DECEASED NAME: DATE OF DEATH: / /

DECEASED ADDRESS: CITY: STATE: ZIP:

INSIDE CITY LIMITS? YES NO COUNTY: RACE: SEX:

DATE OF BIRTH: / / AGE: SSN: - - BIRTHPLACE: CITY STATE:

HIGHEST EDUCATION: MARITAL STATUS:

USUAL OCCUPATION: BUSINESS/INDUSTRY:

SPOUSE NAME (MAIDEN): PHONE NUMBER:

FATHER'S FULL NAME:

MOTHER'S FULL MAIDEN NAME:

IN MILITARY? YES NO BRANCH: COPY OF DD 214? YES NO

INFORMANT'S NAME: RELATIONSHIP:

ADDRESS: CITY: STATE: ZIP:

PHONE NUMBER:

DR TO SIGN DC INFORMATION:

PLACE OF DEATH: COUNTY:

ADDRESS: CITY: STATE: ZIP:

*PACEMAKER? YES NO

NOTES: