

# VITAL STATISTICS INFORMATION SHEET

Full Name \_\_\_\_\_ Sex \_\_\_\_\_

Home/ Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Death \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Date of Death \_\_\_\_\_ Time \_\_\_\_\_

Place of Birth (City & State) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Never Married  Married  Widowed  Divorced Number of Years Married \_\_\_\_\_ Ethnicity \_\_\_\_\_

Full Name of Spouse & Maiden Name \_\_\_\_\_ # of Years in County of Death \_\_\_\_\_

Full Name of Father \_\_\_\_\_ Birthplace \_\_\_\_\_

Full Name of Mother & Maiden Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Primary Occupation \_\_\_\_\_ Business/Industry \_\_\_\_\_

Employer \_\_\_\_\_ Years in Occupation \_\_\_\_\_

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Legal Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## SURVIVING FAMILY MEMBERS

RELATIONSHIP	NAME	ADDRESS, CITY, STATE, ZIP CODE

### COMMENTS, QUESTIONS, INSTRUCTIONS:

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