

VITAL STATISTICS

This information may be required for Death Certificate. Please print legibly

FULL LEGAL NAME:

FIRST MIDDLE LAST SUFFIX (JR III ETC.)

OTHER NAMES USED / AKA'S

PERSONAL INFORMATION:

Date of Birth:

MONTH DAY YEAR

Birthplace:

CITY OR COUNTY STATE OR FOREIGN COUNTRY

Social Security Number: - -

Education Completed:

Sex: Male Female

Ever Served in the U.S. Armed Forces? Yes No

Residence:

STREET ADDRESS INCLUDING APT #

CITY STATE ZIP+4 COUNTY COUNTRY

Resided at this address since

Residence Inside City Limits? Yes No Unknown

Tribal Reservation Name

Marital Status: Never Married Married Widowed Divorced

NAME OF SPOUSE (BEFORE FIRST MARRIAGE)

OCCUPATION:

(a) Kind of work done during most of working life

(IF RETIRED, GIVE FORMER OCCUPATION)

(b) Kind of business or industry _____
(DO NOT USE COMPANY NAME)

NEXT OF KIN:

Legally Married Spouse? Yes No _____
NAME

Children (including legally adopted) Yes No _____
NUMBER OF SURVIVING CHILDREN

NAME _____ NAME _____

NAME _____ NAME _____

NAME _____ NAME _____

NAME _____ NAME _____

Parents Yes No _____
NUMBER OF SURVIVING PARENTS

FATHER'S NAME _____ MOTHER'S NAME (INCLUDE MAIDEN NAME) _____

Siblings Yes No _____
NUMBER OF SURVIVING SIBLINGS

NAME _____ NAME _____

NAME _____ NAME _____

NAME _____ NAME _____

Please also see signed documents

- Designated Agent for Funeral Arrangement
- Disposition Authorization of My Bodily Remains Upon My Death
- Funeral and Burial Instructions

SIGNATURE _____ DATE _____