

VITAL STATISTICS

(Required for Creation of a File and Completion of the Death Certificate at time of need)

Name: _____

Legal Address: _____

Date of Birth: _____

Place of Birth: *(City and State)*

Social Security Number: _____

Occupation: *(Do not enter "Retired")*

Type of Industry: _____

Name & Place of Workplace:

Highest Level of Education:

Veteran: _____ Branch of Service: _____ Years of Service:

Name of Spouse: *(including Maiden Name)*

Marital Status: _____

Father's Name: _____

Father's Birthplace: *(City and State or Foreign Country)*

Mother's Name & Maiden Name:

Mother's Place of Birth: *(City and State or Foreign Country)*

Next of Kin: _____

Relationship: _____

Legal Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Cemetery or Other Place of Disposition: Return to the family

List all Siblings - please provide all contact information; email address and phone #'s