

# Vital Statistics

Burial  
 Cremation



Director: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Deceased \_\_\_\_\_ Sex: \_\_\_\_\_  
First Middle Last

Also Known As: \_\_\_\_\_ Age: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip Code

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - - Marital Status:  Married  Never Married  
 Widowed  Divorced  SRDP

Place of Birth: \_\_\_\_\_ In County Since: \_\_\_\_\_ Education: \_\_\_\_\_  
City & State or Country Year In Years or Highest Degree Earned

Ethnicity or Race: \_\_\_\_\_ Hispanic:  Yes  No Specify: \_\_\_\_\_

Primary Occupation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Employer: \_\_\_\_\_ Years in Occupation: \_\_\_\_\_ Retired:  Yes  No

Informant: \_\_\_\_\_  
First Last Relationship Cell Phone Number

Informant Address: \_\_\_\_\_  
Street City Zip Code Home Phone Number

Name of Spouse: \_\_\_\_\_  
First Middle Last (Maiden) Date of Birth

Name of Father: \_\_\_\_\_  
First Middle Last Place of Birth (State or Foreign Country)

Name of Mother: \_\_\_\_\_  
First Middle Last (Maiden) Place of Birth (State or Foreign Country)

Please See Reverse Side

Veteran: Yes No Spouse Veteran: Yes No DD214 Provided: Yes No Branch of Service: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Place of Service: \_\_\_\_\_ Visitation: Yes No

Place of Final Disposition: \_\_\_\_\_  
Cemetery Name, Family Residence, At Sea, etc . . .

Street City State Zip Code Primary Phone Number

Existing Marker: Yes No Lot Purchased: Yes No

*Surviving Family:*

First	Last	Relationship	Primary Phone Number

Number of Grandchildren: \_\_\_\_\_ Number of Great Grandchildren: \_\_\_\_\_

**FOR DIRECTOR'S USE:**

Family Services Director: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_