

A Life Remembered, Lives On.

Vital Statistics

Name of Deceased (First, Middle, Last) + Maiden Name if applicable Date of Birth ______ Birthplace (City and State or Country) _____ Social Security#____ Decedent's Residence Address _____ State _____ Zip_____ Country ____ Veteran of U.S. Armed Forces ☐ Yes ☐ No Branch____ Race of Decedent (Check one or more) 🚨 American Indian/Alaskan Native (specify)_____ □ White □ Black or African American □ Filipino □ Korean □ Other Pacific Islander(Specify) ☐ Asian Indian ☐ Chinese ☐ Samoan ☐ Vietnamese ☐ Other Asian (Specify)_ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Japanese ☐ Unknown ☐ Other_____ Usual or Last occupation (Do Not List Retired)____ ____Kind of Industry____ Employer ____ Highest Level of Education(Completed) Elem/Secondary (0-12) #_____ ☐ H.S. Diploma ☐ GED Years of College#___ ☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate/Professional ☐ Unknown Marital Status: ☐ Married ☐ Never Married ☐ Married but Separated ☐ Widowed ☐ Divorced If married, separated, widowed: Name of Spouse + Maiden Name if applicable ____ Full Name of Decedent's Father _____ Maiden Name____ Full Name of Decedent's Mother____ Name of Informant Person providing this Vital Statistical information _____ _____ Email _____ Informant Phone Number ____ Relationship to decedent Complete Address _____ ______ State ______ Zip _____



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Survived by (eg: spouse, parents, child	dren/oldest first to youngest, sibl	ings/oldest first to youngest):
Name		Relationship
#Grandchildren	#Great Grandchildren	#Great-Great Grandchildren
Pre-Deceased by:		
Name		Relationship