



VITAL STATISTICS

NAME: _____ AGE: _____
 First Middle Last

DATE OF DEATH: _____ HOUR _____

| | | | | | |
|---|---|---|---------------------|--------------------|----------------|
| Sex | Social Security No. | Under 1 Year Months | Under 1 Day Days | Hours | Minutes |
| Date of Birth | Birthplace | Was Decedent Ever in U.S. Armed Forces | Anatomical Gift | | |
| | | Yes | No | Consent Granted | Not Granted |
| Place of Death Hospital | Facility Name (if not institution give street & number) | | | | |
| Inpatient ER/Outpatient DOA | Facility Address | | | | |
| Other | | | | | |
| Nursing Home Residence Other (specify) | County of Death | | | | |
| Marital Status | Surviving Spouse (if wife give Maiden Name) | | | | |
| Decedent's Usual Occupation | Kind of Business or Industry | | | | |
| Residence - State | County | City, Town, or Location | | | |
| Street & Number | Inside City Limits | Zip Code | | | |
| Was Decedent of Hispanic Origin? (Specify No or Yes, Specify Cuban, Mexican, Puerto Rican) | Race - American Indian, Black, White, Etc. (Specify) | Education - Elem/Secondary College - Degree Earned | | | |
| No Yes (Specify) | | | | | |
| Father's Name (first, middle, last) | Mother's Name (first, middle, maiden surname) | | | | |
| Informants Name | Informants Mailing Address (city, state, zip) | | | | |
| Telephone (Home) | Telephone (Work) | Cellular Phone | E-Mail | | |
| Referred by: | | | | | |

BIOGRAPHICAL INFORMATION

| | |
|---|---------------|
| LENGTH OF TIME LIVING HERE | COMING FROM |
| RELIGION | CHURCH MEMBER |
| LIST CLUBS, NOTEWORTHY ACHIEVEMENTS, ETC. | |
| | |
| | |
| | |

SURVIVING RELATIVES

FATHER

MOTHER

HUSBAND/WIFE

SONS

DAUGHTERS

BROTHERS

SISTERS

GRANDCHILDREN (No.)

GREAT GRANDCHILDREN (No.)
