

Vital Statistics Form

(Do not abbreviate. Check spelling if you are not certain. Be careful, errors or omissions may delay processing of death certificates.)

Full Name (First, Middle, Last): _____

Maiden Name (First, Middle, Last): _____

Address (street and number): _____

City, State, Zip Code: _____

Town and County: _____

Social Security Number: _____

Birthplace (State or if not from U.S then name Country): _____

Citizen of What Country? _____

Race (White, Black, Native American etc): _____

Date of Birth: _____

Marital Status (Single, Divorced, Married or Widow(er)) : _____

Name of Spouse: _____

Occupation (for most of working life): _____

Industry (kind of business i.e. Insurance, farming etc.): _____

Name of Father: _____

Father's Place of Birth: _____

Father's Date of Birth (or year): _____

Name of Mother: _____

Mother's Place of Birth: _____

Mother's Date of Birth (or year): _____

Military Service: Yes / No

Serial Number: _____

Date of Induction: _____

Branch of Service: _____

Highest Rank Achieved: _____

Wartime Service: Yes / No
What war? _____

Honorable Discharge: Yes / No

Informant's Name: _____
(Person's name providing information for death certificate)

Informant's Relationship to Deceased: _____

Informant's Address: _____

Informant's Phone Number: _____

Type of Disposition (Burial, Cremation, Donation etc.): _____

Place of Disposition (Name of Cemetery, Crematory or Institution):

Location of Place of Disposition (Address, City, State, Zip):
