Vital Statistics Information & Personal History

This information will be used to fill out the death certificate, write the obituary and make arrangementsh

| Decedent's First, Middle and Last Name: | | |
|---|---|--|
| Decedent's Maiden Name (if applicable): | | |
| Sex: | Social Security Number: City and State of Birth: Age in Years at Last Birthday: | |
| | | |
| | | |
| Place of Death (please check only one) Choo | | |
| Other (please specify): | | |
| Name of Facility where death occurred (or ac | ddress if not a facility): | |
| County of Death: | City or Town of Death: | |
| Zip Code: | Inside City Limits? Yes No | |
| Marital Status Choose an item. | | |
| Spouse's First and Last Name: | | |
| Maiden Name of Spouse (if applicable): | | |
| Wedding Date: | | |
| Location of Wedding (if known): | | |
| Decedent's Residence | | |
| Street Address: | City: | |
| State: | | |
| County: | | |
| Years spent in Residence: | | |
| Parents | | |
| Father's First, Middle and Last Name: | | |
| | State of Father's Birth: | |
| Country of Father's Birth: | | |
| | o First Marriage: | |
| Mother's Maiden Name: | | |
| | State of Mother's Birth: | |
| Country of Mother's Birth: | | |
| Ancestry & Citizenship | | |
| What is the decedent's ancestry or ethnic ori | gin? Example: Italian, German, Dominican, Vienamese, | |

Hmong, French Canadian, etc. (specify): _____

Citizenship – Please select one Choose an item.

Hispanic Origin – Please select the item that best describes whether the decedent is Spanish/Hispanic/Latino. Select "no" if the decedent is not Spanish/Hispanic/Latino: Choose an item.

Race – Check one or more boxes to indicate what race(s) the decedent considered him/herself to be.

| □ White | Other Asian (specify): | |
|--|--|--|
| Black or African American | | |
| American Indian or Alaska Native | Native Hawaiian | |
| (Name of the enrolled or principal tribes): | Guamanian or Chamorro | |
| | 🗆 Samoan | |
| Asian Indian | Other Pacific Islander (specify): | |
| □ Chinese | | |
| 🗆 Fillipino | Other (specify): | |
| 🗆 Korean | | |
| Japanese | Unknown | |
| | | |
| Education | | |
| Highest degree or level of school completed at the t | ime of death: Choose an item. | |
| Name of High School: | | |
| | | |
| Employment | | |
| Decedent's Most Recent Employer: | | |
| Years Employed at Most Recent Employer: | | |
| Decedent's Usual Occupation – Type of work done of | luring most of working life. Do not use retired. | |
| Type of Business/Industry – Do not give name of con | mpany: | |
| Name of Decedent's Personal Physician: | | |
| Military Service | | |
| Was the Decedent a United States military veteran? | Choose an item. | |
| Please select the Military Branch of Service: Choose | e an item. | |
| Please select the Military Rank: Choose an item. | | |
| Did the Decedent fight in a war? Please select War: | Choose an item. | |
| Serial Number: | Enlistment Date: | |
| Enlistment Place: | | |
| Type of Discharge: Choose an item. | | |
| | | |

| Method of Disposition: Choose an item. | Other (specify) |
|---|-------------------------|
| Place of Disposition (name of cemetery, crem | atory or other place): |
| Location (city, town or state) of Place of Dispo | osition: |
| | |
| Insurance Policy if applicable | Delieu Americante |
| | Policy Amount: |
| | Address: |
| | State: |
| | Phone: |
| | Beneficiary 2: |
| Beneficiary 3: | |
| Next of Kin | |
| Next of Kin's First, Middle and Last Name: | |
| Address: | City: |
| State: | Zip Code: |
| Cell Phone: | Home Phone: |
| Work Telephone: | |
| Next of Kin's Relationship to Decedent: Choose Role of Next of Kin (check all that apply): Spouse Primary Purchaser If yes, please provide S Additional Purchaser Informant (person who notifies the funerational executor of estate | Social Security number: |
| Additional Next of Kin | |
| Address: | |
| State: | |
| Cell Phone: | |
| Work Telephone: | |
| Next of Kin's Relationship to Decedent: Choose Role of Next of Kin (check all that apply): | _ |
| Additional Purchaser Informant (person who notifies the funera Executor of estate | |