

# 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: \_\_\_\_\_

Married  Never Married

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Marital Status:  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 Ceremony: \_\_\_\_\_ 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 ARRANGER'S USE:

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

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