



VITAL STATISTICS RECORD

1. Decedent's Name (*First, Middle, Last*) _____
2. Date of Death (*MM/DD/YYYY*) _____ 3. Time of Death (*Military Format*): _____
4. a. Physician Name _____
b. Facility Name _____
c. City, Town, or Location of Death _____
d. County of Death _____
5. Social Security Number _____ 6. Sex: ☐ Male ☐ Female
7. Age (*In years, months, days, last birthday*) _____ If Under 24 Hrs. _____
8. Date of Birth (*MM/DD/YYYY*): _____
9. Birthplace (*State or Foreign Country*) _____
10. a. Usual Residence of Decedent (*State*) _____
b. County _____
c. City, Town, or Location _____
d. Inside City Limits: ☐ Yes ☐ No
11. Marital Status: ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced
12. Was Decedent Ever in U.S. Armed Forces? ☐ Yes (*If Yes, Give Dates: _____*) ☐ No
13. Was Decedent of Hispanic Origin? ☐ Yes (*Specify: _____*) ☐ No
14. Race – American Indian, Black, White, Asian, etc. _____
15. Decedent's Education (*Specify only highest grade completed*) _____
16. a. Decedent's Usual Occupation _____
(*Give kind of work done during most of working life. DO NOT USE RETIRED*)
b. Industry _____
17. Father's Name (*First, Middle, Last*) _____
18. Mother's Name (*First, Middle, Last*) _____
19. Informant's Name/Relationship _____
20. a. Method of Disposition: ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation
Other (*Specify*): _____
b. Place of Disposition (*Name of cemetery*) _____ Date: _____
c. Location – City or Town, State _____

Signature of Funeral Service Licensee _____

Name and Address of Facility _____

Date of Funeral Arrangement: _____