# Vital Statistics Worksheet

Please complete this worksheet and fax to our office. This is the information that will appear on the death certificate. Thank you.

| NAME OF DECEDENT – FIRST | MIDDLE | LAST | | | | | |
|---|---|---|---|---|---|---|---|
| AKA ALSO KNOWN AS– Include full AKA (FIRST, MIDDLE, LAST) | DATE OF BIRTH | AGE (YRS) | Months | Days | Hours | Minutes | SEX |
| | | | | | | | |

| BIRTH STATE /FOREIGN COUNTRY | SOCIAL SECURITY NUMBER | EVER IN US ARMED FORCES | MARITAL STATUS (at time of death) | DATE OF DEATH mm/dd/ccyy | HOUR (24 hours) |
|---|---|---|---|---|---|
| | | ☐ YES ☐ NO ☐ UNK | ☐ NEVER MARRIED ☐ MARRIED ☐ DIVORCED ☐ WIDOW(ER) | | |

| EDUCATION (Highest level/Degree) | WAS DECEDENT SPANISH/HISPANIC/LATINO? | DECEDENTS RACE – Up to 3 races may be listed |
|---|---|---|
| | ☐ YES_____ ☐ NO | |

| USUAL OCCUPATION– Type of work for most of life. NOT RETIRED | KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) | YEARS IN OCCUPATION |
|---|---|---|
| | | |

DECEDENTS RESIDENCE (Street number or location)

| CITY | COUNTY/PROVINCE | ZIP CODE | YEARS IN COUNTY | STATE/ FOREIGN COUNTRY |
|---|---|---|---|---|
| | | | | |

| INFORMANTS NAME, RELATIONSHIP | INFORMANTS MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) |
|---|---|
| | |

| NAME OF SURVIVING SPOUSE– FIRST | MIDDLE | LAST **(MAIDEN Name)** | |
|---|---|---|---|
| | | | |
| NAME OF FATHER – FIRST | MIDDLE | LAST | BIRTH STATE |
| | | | |
| NAME OF MOTHER – FIRST | MIDDLE | LAST **(MAIDEN Name)** | BIRTH STATE |
| | | | |

**CIRCLE ONE**: CREMATION BURIAL **EMBALMING?** YES NO

FINAL RESTING PLACE OF DECEASED: