



**VITAL STATISTICS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ CITY LIMITS? \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

MARITAL STATUS:    MARRIED     WIDOWED     DIVORCED     NEVER MARRIED

SPOUSES NAME (INCLUDE MAIDEN): \_\_\_\_\_

LIVING OR DECEASED: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

DATE & PLACE OF MARRIAGE: \_\_\_\_\_

OCCUPATION (BEFORE RETIREMENT): \_\_\_\_\_

TYPE OF BUSINESS OR INDUSTRY: \_\_\_\_\_

IF VETERAN, BRANCH OF SERVICE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DECEDENT'S EDUCATION:     8<sup>TH</sup> GRADE OR LESS                       9<sup>TH</sup>- 12<sup>TH</sup> (NO DIPLOMA)                       HIGH SCHOOL GRAD OR GED  
    SOME COLLEGE (NO DEGREE)                       ASSOCIATES DEGREE                       BACHELOR'S DEGREE  
    MASTER'S DEGREE                                       DOCTORATE

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME (INCLUDE MAIDEN): \_\_\_\_\_

NAME / RELATIONSHIP OF PRIMARY CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**SERVICE PREFERENCES:**

BURIAL OR CREMATION: \_\_\_\_\_

PLACE OF SERVICE: \_\_\_\_\_

PLACE OF INTERMENT: \_\_\_\_\_