

DECEASED VITAL INFORMATION

(Please print using capital letters)

(All information MUST be provided)

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Date of death \_\_\_\_\_

Time of death \_\_\_\_\_

County of death \_\_\_\_\_

City of death \_\_\_\_\_

Inside city limits? Yes or no Zip code \_\_\_\_\_

Place of death:

\_\_\_\_\_

(Give name of hospital or nursing home for place of death. If not either, give street and number)

In hospital, (circle one) inpatient, ER, outpatient, DOA

Hispanic origin? yes or no

if yes, specify \_\_\_\_\_

Race \_\_\_\_\_

Sex (circle one) male or female

Age \_\_\_\_\_ date of birth \_\_\_\_\_

Deceased social security # \_\_\_\_\_

Education 1-12 \_\_\_\_\_ college (1-4 or 5+) \_\_\_\_\_

Marital status (circle one below, only choices available)

Married never married widowed divorced

Surviving spouse \_\_\_\_\_

Spouse maiden name \_\_\_\_\_

Member of armed forces at any time yes or no

City & State of birth \_\_\_\_\_

Residence state \_\_\_\_\_

County of residence \_\_\_\_\_

City of residence \_\_\_\_\_

Zip code of residence \_\_\_\_\_

Residence inside city limits (circle one) yes or no

Residence street address (below):

\_\_\_\_\_

Informant name and address and phone number

Name \_\_\_\_\_

address \_\_\_\_\_

city/state/zip \_\_\_\_\_

Phone \_\_\_\_\_

Usual occupation (work done during most of working life; secretary, iron worker, owner, etc.)

\_\_\_\_\_

Business or industry (manufacturing, legal, education, etc.)

\_\_\_\_\_

Fathers full name.

\_\_\_\_\_

Mothers first and middle name.

\_\_\_\_\_

Mothers maiden last name.

\_\_\_\_\_

Doctor/ Hospice

Name \_\_\_\_\_

Address \_\_\_\_\_

City/st/zip \_\_\_\_\_

Phone \_\_\_\_\_

**Internal use only**

Disposition \_\_\_\_\_ Date \_\_\_\_\_

Cemetery or crematory \_\_\_\_\_

Location \_\_\_\_\_