

Vital Statistics for death certificate

Name: _____ Date: _____

AKA: _____

Sex: Male Female

SSN: _____ Race: _____

Address: _____

In county since: _____

Phone: _____ Secondary Phone: _____

Email: _____

Father's name: _____ place of birth: _____

Mother's Maiden name: _____ place of birth: _____

Marital status: Married Never married Widowed Divorced

Name of Spouse/Partner (maiden name, if applicable): _____

Education (highest grade completed): _____

School(s) attended/degree(s) earned: _____

Church/Lodges/Memberships: _____

Occupation: _____ Business/Industry: _____

Employer: _____ Years in occupation: _____

First Emergency Contact: _____ Phone: _____

Address: _____

Second Emergency Contact: _____ Phone: _____

Address: _____

Armed Forces

Branch of service: _____

Service number: _____ Copy of DD214: yes no

Notes: _____
