

## **Vital Information**

Name of Deceased: (First, Middle, Last)

Social Security Number:

Date of Birth:

Place of Birth:

Residence Address:

Race:

Is Deceased of Hispanic Origin:

Marital Status:

Years of Formal Education:

Usual Occupation:

Kind of Business or Industry:

Spouse's Name: (First, Middle, Maiden)

Father's Name: (First, Middle, Last)

Mother's Name: (First, Middle, Maiden)

Was deceased ever in US armed forces:

If yes, branch of service: