

VITAL RECORDS FORM

First Name _____ **Middle Name** _____ **Last Name** _____ **Suffix** _____
Alias? Y N
Alias _____
First Name _____ Middle Name _____ Last Name _____ Suffix _____
Residence _____ **Inside City Limits** _____
City _____ State _____ Zip Code _____ County _____
Sex _____ **Social Security Number** _____ **Age** _____ **Telephone** _____
Date of Birth _____ **City and State of Birth** _____

Date of Death _____ **Time of Death** _____
Place of Death Inpatient ER/Outpatient DOA Nursing Home/LTC Decedent's Home
 Hospice Facility Other (Specify) _____
Facility Name _____
Facility Address _____ County _____
City _____ State _____ Zip Code _____

Marital Status Married Never Married Married, but separated Widowed Divorced

Spouse

First Name _____ Middle Name _____ Last (Maiden) Name _____

Father

First Name _____ Middle Name _____ Last Name _____ Suffix _____

Mother

First Name _____ Middle Name _____ Maiden Name _____

Education

8th Grade or less 9th - 12th Grade, no diploma High school graduate or GED completed Unknown
 Some college credit, but no degree Associate degree Bachelor's degree Master's degree Doctorate

Usual Occupation

Kind of Business/Industry _____

Race

White Black or African American American Indian or Alaska Native (tribe) _____
 Asian Indian Chinese Filipino Japanese Korean Vietnamese
 Other Asian (specify) _____ Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander (specify) _____ Other _____

Hispanic origin Y N Mexican, Mexican American/Chicano Puerto Rican Cuban Other (specify) _____

US Armed Forces? Y N **Begin Service** _____ **End Service** _____

Informant (Next of Kin)

First Name _____ Middle Name _____ Last Name _____ Suffix _____

Relationship to Deceased _____ Address _____

City _____ State _____ Zip Code _____ Telephone _____

Email _____

Body Embalmed Y N **Disposition Date** _____

Physician

Name _____ email _____

2nd Name _____ 2nd email _____

Telephone _____