

**Vital Statistics Worksheet**

*This information helps generate the Death Certificate*

Decedent's Legal Name: \_\_\_\_\_

AKA if any: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time of Death (military): \_\_\_\_\_

☐ Male ☐ Female Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (city, state): \_\_\_\_\_

Veteran: ☐ Yes ☐ No Branch of Service: \_\_\_\_\_

Occupation (for most of working life): \_\_\_\_\_ Industry: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Address: \_\_\_\_\_

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Legally Separated ☐ Unknown

Surviving Spouse (including Maiden name ): \_\_\_\_\_

Decedent's Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Inside City Limits: ☐ Yes ☐ No

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

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

Race: \_\_\_\_\_ If Hispanic, specify: \_\_\_\_\_ If Native American, specify: \_\_\_\_\_

Education: ☐ 8<sup>th</sup> grade or less ☐ 9<sup>th</sup> -12<sup>th</sup> no diploma ☐ High School Graduate

☐ Some College Credit, No Degree ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate

☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other: \_\_\_\_\_

Cemetery: \_\_\_\_\_ City, State: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor signing death certificate: \_\_\_\_\_ **Number of DC's** \_\_\_\_\_

Who may we thank for referring you to us? \_\_\_\_\_

Next of Kin or Informant: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_