

Vital Statistics Worksheet (all information is used to complete Death Certificate)

Name of Deceased: (First/Middle/Last) _____

Date Of Birth: ____/____/____, Sex: M F Date Of Death: ____/____/____

Birth Name or AKA: _____ Age: _____, <1 yr, Months ____ Days ____

Place of Death: _____

City of Death: _____ County of Death _____

Home Address: _____

City _____ State _____ County _____

Birthplace: City/State or Country _____

SS# _____ - _____ - _____, Highest Education Level _____

Race: _____/Ancestry: _____, Hispanic : Y N , Veteran: Y N

Occupation _____/ Industry _____

Marital Status: M W NM D, Surviving Spouse: (F - Maiden Name) _____

Father's Name: _____

Mother's Maiden Name: _____

Informant's Name: _____, Relationship: _____

Mailing Address: _____, Phone _____

Method of Disposition _____ Place of Disposition _____

Location of Disposition (City & State) _____

Name and Address of Funeral Facility _____

Number of Death Certificates Needed _____

I hereby certify that the above information is true and accurate _____