

DEATH CERTIFICATE VITALS WORKSHEET

 Burial Cremation

Deceased Full Legal Name: _____ Date of Birth: _____
(Legal name on file with the Social Security Office; If Applicable, include Jr., Sr., II, III etc.)

Maiden Name (If Applicable): _____ Birthplace: _____
(City & State, or Country)

Date of Death: _____ Place of Death: _____

Sex: Female Male Social Security Number: _____

Current Street Address: _____ City: _____

State: _____ Zip Code: _____ Parish / County: _____

Lived at current Address since: _____ Inside City Limits?: YES NO
Date

Marital Status: Never Married Married Divorced Widowed Other: _____

Spouse's Name (If applicable): _____
First Middle Last (Maiden Name)

Race: White/Caucasian African American Hispanic: _____ Other: _____

Father's Name: _____
First Middle Last

Father's Birthplace: _____
(City & State, or Country)

Mother's Name: _____
First Middle Last (Maiden Name)

Mother's Birthplace: _____
(City & State, or Country)

Deceased Education Level: Grade School (Grade Level: _____) GED High School (Grade Level: _____) Some College
(Check only 1 box indicating highest education level achieved)
 Trade / Vocational Associate's Bachelor's Master's Professional/Doctorate Unknown

Usual Occupation: _____ Industry: _____

U.S. Military Service: YES NO Branch: _____

Informant (person giving this information): _____ Relationship to Deceased: _____

Address: _____
Street Number City State Zip Code Parish/County

Phone Number: _____ Email Address: _____

NEXT OF KIN INFORMATION (if different than informant)

Name: _____ Relationship to Deceased: _____

Address: _____
Street Number City State Zip Code Parish/County

Phone Number: _____ Email Address: _____