

# Vital Stats Form

The following information will be used for completion of all legal documents. Including, but not limited to, certified death certificates, cremation permits, social security notification and veteran claim forms. Required fields are marked with an "\*".

\* Deceased's Name (Fist, Middle, Last, Suffix)

\* Sex

Male

Female

\* Birthdate

Age-Last Birthday (Years)

Under 1 Year

Under 1 Day

Date of Death

Social Security Number

Birthplace (City and State or Foreign Country)

\* Place of Death (Check only one)

Hospital

Inpatient

Emergency Room/Outpatient

Dead on Arrival

Non-Hospital

Hospice Facility

Nursing Home/Long Term Care Facility

Decedent's Home

Other (Specify)

Facility Name (If not institution give street address)

City, Town, or Location of Death

Inside City Limits

Yes

No

\* Marital Status (Specify)

Married (but Separated)

Married

Widowed

Divorced

Never Married

Surviving Spouse's Name(If wife, give maiden name)

\* Residence-Street Address

Apt.No.

\* City, Town, or Location

State

\* Zip Code

County

County

Inside City Limits

Yes

No

Decedents Usual Occupation(Indicate type of work done during most of work life)

Kind of Business/Industry

Decedents Race(Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified)

Specify if Needed

Decedents of Hispanic or Haitian origin?(Specify if decedent was of hispanic or haitian origin)

Yes

No

If Yes, Specify

Specify if Needed

Decedents Education(Specify the decedent's highest degree or level of school completed at time of death)

Was Decedent Ever In U.S.Armed Forces?

Yes

No

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

Mother's Name (First, Middle, Middle Surname)

\* Informant's Name (First, Middle, Last, Suffix)

\* Relationship to Decedent

\* Email Address

\* Informant's Mailing Address

\* City or Town

State

\* Zip Code

Place of Disposition (Name of cemetery, crematory, or other place)

Location-State

Method of Disposition

Specify if Needed

I, , do hereby acknowledge that the statistical information given for the death certificate regarding the late  is correct.

\* Enter Name

Date

Relationship to Deceased

If the Death Certificate must be amended, there will be an 8 week waiting period and a \$250.00 processing fee.

\* Enter Name Again to Confirm