



VITAL STATISTICAL INFORMATION FOR DEATH CERTIFICATE

Full legal name of decedent:

Date and time of death (if applicable):

Location of death (if applicable):

Social Security Number:

Date of Birth:

City and state of birth:

Marital status (married, never married, divorced, or widowed):

Surviving spouse's name including maiden (if applicable):

Branch of service if Veteran:

Decedent's Race(s):

Highest level of education:

Decedent's occupation ("retired" is not an option – need last occupation or most prominent occupation, can be "homemaker" or "never employed" as well):

Industry of occupation (description, not company name):

Decedent's Father's full legal name:

Decedent's Mother's full legal name including her maiden:

Decedent's legal address of residence:

Informant's (legal next of kin) full legal name:

Informant's address:

Informant's relationship with decedent:

Method of final disposition (cremation, anatomical donation, casket burial):

Name and location of cemetery if casket burial:

Number of Death Certificates with cause of death (\$15 each):

Number of Death Certificates without cause of death (\$15 each):