

VITAL STATISTICS RECORD

Name _____ Date _____
Street _____ City _____ State _____ Zip Code _____
Phone _____ Social Security # _____
Birthplace _____ Birthdate _____
Father's Name _____
Mother's Maiden Name _____
Marital Status (check one) Married _____ Divorced _____ Single _____ Widowed _____
Spouse's Name _____
Date Married _____ Place _____ Death Date _____
Doctor's Name _____
Medications _____ Allergies _____

PERSONAL HISTORY

Occupation _____ Employer _____
Position held _____ How long _____ Retired (Y - N) Year _____
Resident Cities, Years _____

Education _____
Highest grade of school completed _____
Military: War _____ Branch _____ Rate or Rank at Discharge _____
Enlistment date and place _____ Discharge date and place _____
Service number _____ County recorded _____
Lodges, Memberships, Church & Public Office held _____

Newspaper: The funeral home will notify the local newspaper.
Other: _____

Picture Enclosed Yes _____ No _____ Picture for Obituary Yes _____ No _____