

# Vital Personal Information

Please provide the following information. It is used for the completion of a death certificate. If you cannot determine an answer for an item, put "UNK" (unknown) in the space provided.

**Bring this form with you to the funeral home.**

All answers pertain to the deceased. Accuracy is important.

First Name		Middle Name	Last Name
Current Address		City	State & Zip Code
County of Residence		How Long Have You Lived in This County	
Home Phone	Mobile Phone	Email Address	
Date of Birth		Place of Birth	
Male _____ Female _____	Race		Hispanic? YES _____ NO _____
Marital Status (check one) Never Married _____ Married _____ Divorced _____ Widowed _____		If married, Full Name Of Spouse (including maiden name)	
Social Security No.	Have you served in the Military? YES _____ NO _____	If YES, what branch?	
Education (circle one) 1 2 3 4 5 6 7 8 9 10 11 12 HS Grad Some College Associate's Bachelor's Master's Doctorate			
Occupation (Do not use "Retired")		How Long? (Yrs.)	Kind of Business
Full Name of Father			State or Country of Birth
Full Name of Mother (include maiden name)			State or Country of Birth
Name of Your Current Doctor	Phone No.	Address	
Your Next Of Kin	Phone Number	City & State where they live	
You May List More Than One Person			

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