

VITAL STATISTICS

FAMILY TO REVIEW ALL VITAL STATISTIC INFORMATION BEFORE PROCESSING OF CASE
SIGN HERE ON APPROVAL X _____

of DC's Reg _____ VA _____

NAME OF DECEASED (As it should appear on the death certificate)				SEX M F	SOCIAL SECURITY NUMBER	DATE OF DEATH	TIME OF DEATH AM PM		
AGE	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HRS. MINS.	DATE OF BIRTH		BIRTHPLACE City and State	BIRTHPLACE County			
RESIDENCE STATE	RESIDENCE COUNTY	RESIDENCE STREET ADDRESS			RESIDENCE ZIP CODE	DECEDENT LIVED IN _____ TWP. _____ CITY / BORO			
ARMED FORCES YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		MARITAL STATUS		MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	SURVIVING SPOUSES NAME (IF WIFE, GIVE MAIDEN NAME)			
		DIVORCED <input type="checkbox"/>		NEVER MARRIED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>				
FATHERS NAMES SURVIVES yes <input type="checkbox"/> no <input type="checkbox"/>				MOTHERS NAME SURVIVES yes <input type="checkbox"/> no <input type="checkbox"/>					
INFORMANT NAME (Billing to same person yes <input type="checkbox"/> no <input type="checkbox"/>)			RELATIONSHIP	INFORMANT STREET ADDRESS					
INFORMANT HOME PHONE		CELL PHONE	WORK PHONE	INFORMANT CITY, STATE, ZIP					
DEATH OCCURRED IN A HOSPITAL INPATIENT <input type="checkbox"/>			DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL HOSPICE FACILITY <input type="checkbox"/> DECEDENTS HOME <input type="checkbox"/>						
EMERGENCY ROOM/OUTPATIENT <input type="checkbox"/> DOA <input type="checkbox"/>			NURSING HOME/LONG TERM CARE FACILITY <input type="checkbox"/> OTHER <input type="checkbox"/> _____						
FACILITY NAME (IF NOT INSTITUTION, GIVE STREET AND NUMBER)			CITY STATE AND ZIP		COUNTY OF DEATH				
METHOD OF DISPOSITION BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/>			DATE OF DISPOSITION		PLACE OF DISPOSITION (NAME OF CEMETERY / CREMATORY)		LOCATION OF DISPOSITION (CITY, STATE, ZIP)		
OTHER <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/>									
EDUCATION		HISPANIC ORIGIN		DECEDENTS RACE CHECK ONE OR MORE					
<input type="checkbox"/> 8TH GRADE OR LESS <input type="checkbox"/> NO DIPLOMA 9TH - 12TH <input type="checkbox"/> HIGH SCHOOL GRAD OR GED <input type="checkbox"/> SOME COLLEGE, NO DEGREE <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELORS DEGREE <input type="checkbox"/> MASTERS DEGREE <input type="checkbox"/> DOCTORATE		<input type="checkbox"/> NO <input type="checkbox"/> YES MEXICAN <input type="checkbox"/> YES PUERTO RICAN <input type="checkbox"/> YES CUBAN <input type="checkbox"/> YES OTHER <input type="checkbox"/> SPECIFY _____		<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMER <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE				<input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN/ CHAMORRO <input type="checkbox"/> SAMOAN <input type="checkbox"/> OTHER PACIFIC ISLANDER	
DECEDENTS SINGLE RACE DESIGNATION CHECK ONLY ONE			<input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN/ CHAMORRO <input type="checkbox"/> SAMOAN <input type="checkbox"/> OTHER PACIFIC ISLANDER		<input type="checkbox"/> OTHER specify _____		OCCUPATION (DO NOT USE RETIRED)		
					KIND OF BUSINESS OR INDUSTRY (NOT NAME OF COMPANY EMPLOYED BY)				

How name should appear in obit – nick name, maiden name, Sr. Jr. etc.

OBITUARY INFORMATION

SCHOOLS AND COLLEGES	
MILITARY CAREER	
PROFESSION AND OCCUPATION	
CHURCH AFFILIATIONS	
FRATERNAL RELIGIOUS	