

Vital Statistics Form

Please complete the information below as it pertains to the person for whom arrangements are being made. This information is necessary to file the appropriate forms for Prearrangement contracts, Death Certificate and any permits required at the time of need.

Full Legal Name: (Including Maiden) _____

Address: _____

County of Residence _____

Date of Birth: _____

Place of Birth: _____

Father's Name: _____

Mother's Name: (Including Maiden) _____

Marital Status: (Married, Divorced, Never Married or Widowed) _____

Name of Spouse: (Including Maiden) _____

Usual Occupation: _____

(The Bureau of Vital Statistics will not accept "retired", we must have the occupation at the time of employment or "homemaker")

Industry: _____

Highest level of Education Obtained: _____

(i.e.: 9-12 grade, high school diploma or GED, some college, or highest level of college degree obtained.)

Social Security Number: _____

Name and Address of Physician: _____

Veteran: Yes ___ No ___

Branch of Service _____

Informant's Full Name: _____

Relationship to Deceased: _____

Phone Number(s): _____

Email: _____

Address: _____

After completing the Vital Statistics Form, please send to us at your earliest convenience. Please contact us with any questions or concerns. 1-800-300-0223