

# *Vital Statistical Information for You or Your Loved One*

This information is used to complete the death certificate and provide obituary information

## **Full Name of Person Services will be Provided For:**

\_\_\_\_\_

First Name	Middle Name (s)	Last Name (Jr., Sr. etc.)
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Nick Name (if any) \_\_\_\_\_

Maiden Name (prior to first marriage) \_\_\_\_\_

Sex  Male  Female      Social Security Number \_\_\_\_\_

## **Birth Information:**

Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

City / Town of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_

Country of Birth (if outside the U.S.A.) \_\_\_\_\_

## **Residence:**

Address \_\_\_\_\_

City / Town \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Inside City Limits  Yes  No      County of Residence \_\_\_\_\_

## **Location Where Death Occurred:**

Institution/Residence \_\_\_\_\_  
Address if Residence

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_

Pronouncer's Name \_\_\_\_\_ License Number \_\_\_\_\_

## **Occupation:** (what did they do for most of their life / how would they describe their job if asked)

Occupation \_\_\_\_\_

Nature of Business \_\_\_\_\_

Name of Employer \_\_\_\_\_

## **Marital Status:**

Married  Divorced  Married but Separated  Never Married  Widowed

If Married or Widowed, Spouses Name:

\_\_\_\_\_

First Name	Middle Name(s)	Last Name or Maiden Name (prior to first marriage)
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## **Birth Parents Full Names:**

Father \_\_\_\_\_

First Name	Middle Name(s)	Last Name (Jr., Sr. etc.)
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Mother \_\_\_\_\_

First Name	Middle Name(s)	Maiden Name (prior to first marriage)
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*Vital Statistical Information*, continued

**Military Service:**

Branch of Military \_\_\_\_\_ Do You Have Discharge Papers (DD214) \_\_\_ Yes \_\_\_ No

Military Service Number (VA File Number) \_\_\_\_\_

Date Enlisted \_\_\_\_\_ Date Discharged \_\_\_\_\_

**Educational Level:** (highest level)

\_\_\_\_ 8th grade or less \_\_\_\_ 9<sup>th</sup> thru 12<sup>th</sup> grade; no diploma \_\_\_\_ High School graduate or GED

\_\_\_\_ Some college credit; but no degree \_\_\_\_ Associate degree (e.g.; AA, AS)

\_\_\_\_ Bachelor's degree (e.g.; BA, AB, BS) \_\_\_\_ Master's degree (e.g.; MA, MS, MEng, Med, MSW)

\_\_\_\_ Doctorate (e.g.; PHD, EdD) or professional degree (e.g.; MD, DDS, DVM, LLB or JD)

List Name(s) High School, Trade School(s) and or Colleges graduated from or attended (used for Obituary)

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**Hispanic Origin:**

\_\_\_ No, not Spanish/Hispanic/Latino \_\_\_ Yes, Puerto Rican \_\_\_ Yes, Mexican/Mexican American/Chicano

\_\_\_ Yes, Cuban \_\_\_ Yes, other Spanish/Hispanic/Latino (specify) \_\_\_\_\_

**Race (ethnic origin):**

\_\_\_ White \_\_\_ Black/African American \_\_\_ American Indian/Alaska Native \_\_\_ Samoan \_\_\_ Japanese

\_\_\_ Korean \_\_\_ Asian Indian \_\_\_ Vietnamese \_\_\_ Other Asian (specify) \_\_\_\_\_

\_\_\_ Chinese \_\_\_ Native Hawaiian \_\_\_ Other Pacific Islander (specify) \_\_\_\_\_

\_\_\_ Filipino \_\_\_ Guamanian/Chamorro \_\_\_ Other (specify) \_\_\_\_\_

**Following Funeral Services do you plan to have:**

\_\_\_\_ Burial \_\_\_\_ Cremation \_\_\_\_ Entombment/Mausoleum \_\_\_\_\_ Other

**Name of Cemetery where Burial, Entombment or Inurnment of Cremains will take place:**

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Address (if Known)

City/Town

State

County

Have you spoken to anyone at the cemetery in the last 30 days?

If Yes, whom did you speak with (if Known) \_\_\_\_\_



**Brothers and Sisters:**

First                      Middle                      Last                      Spouse                      City/State

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**Preceded in Death By:**

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**Community Affiliations:**

Church Name: \_\_\_\_\_ Denomination \_\_\_\_\_

Involvement (Sunday School etc.) \_\_\_\_\_

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**Lodge Groups, Civic Groups & Public Offices Held:**

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**Donations (In Lieu of Flowers):**

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**Additional Biographical Information (Awards & Certifications etc.):**

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## *Celebration of Life Service Information*

Location of Service: \_\_\_\_\_ Funeral Home Chapel \_\_\_\_\_ Church Service \_\_\_\_\_ Graveside Service

Time of Service: \_\_\_\_\_ Date of Service \_\_\_\_\_

Service Type: \_\_\_\_\_ Funeral (Body Present at Service) \_\_\_\_\_ Memorial (Body Not Present at Service)

Burial \_\_\_ Yes \_\_\_ No Cremation \_\_\_ Yes \_\_\_ No (Cremation Can Take Place After Funeral Service)

Name of Church or Cemetery \_\_\_\_\_

Visitation (Receiving Friends) Preferred time(s) \_\_\_\_\_

Minister(s) Officiating \_\_\_\_\_

Military Honors at Graveside \_\_\_ Yes \_\_\_ No Flag and Taps Only Flag, Taps and Gun Detail (Circle)

### **Selection of Merchandise:**

Casket / Urn \_\_\_\_\_

Outer Enclosure (cemetery may require) \_\_\_\_\_

Memorial Selection (Book, Service Folders, DVD etc.) \_\_\_\_\_

Floral Preference (casket blanket/urn wreath/baskets-Circle Selection), Type \_\_\_\_\_

Dove Release \_\_\_ Yes \_\_\_ No Balloon Release \_\_\_ Yes \_\_\_ No Bagpiper \_\_\_ Yes \_\_\_ No

Other \_\_\_\_\_

### **Music Selection(s):**

Name of Song	Artist (if known)
_____	_____
_____	_____
_____	_____

### **Pallbearers** (Six or eight active pallbearers carry the casket) \* Additional pallbearers can serve as honorary pallbearers

Four active Pallbearers can be used for a cremation service

Name	Phone Number (if Known)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Pallbearers will meet at the Funeral Home \_\_\_ Yes \_\_\_ No Pallbearers will meet at the Church/Graveside \_\_\_ Yes \_\_\_ No