



# Vital Statistics Record

This information will be necessary to complete a death certificate

info@FuneralAlternatives.org • www.FuneralAlternatives.org

Legal Name (Incl AKA'S if any) \_\_\_\_\_

First Middle Last

Circle One Male Female Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ (City, State, or Foreign Country)

- Level Of Education: 8th grade or less, High school graduate, Associate degree, Master's degree, Doctorate, 9th - 12th grade, Some college credit, Bachelor's degree

- Hispanic Origin or Descent: No, Yes (Cuban, other Spanish/Hispanic/Latino), Yes (Mexican, Chicano, Puerto Rican)

- Race: White, Black or African American, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Somoan, Other Pacific Islander, Other

Served In Armed Forces? (circle) Y N IF YES - PROVIDE COPY OF DD214 (Discharge Papers)

Residence: Number and Street, City or Town, County

Tribal Reservation Name (if applicable)

State or Foreign Country, ZipCode+4

- Inside City Limits? Yes, No, Unknown; Marital Status: Married, Married-but separated, Widowed, Divorced, Never Married, Domestic Partner, Unknown

Estimated length of time at residence

Surviving Spouse (Give name prior to first marriage)

Usual Occupation, Kind of Business/Industry

(Indicate type of work done during most of working life) (DO NOT USE RETIRED)

Father's Name (First, Middle, Last, Suffix)

Mother's Name Before First Marriage (First, Middle, Last, Suffix)

Primary Care Physician, Phone #

NAME OF NEXT OF KIN OR PERSON MAKING ARRANGEMENTS

Name, Relationship

Telephone # Home, Work, Cell

Mailing Address: Number and Street or PO Box, City or Town, State, Zip Code

Email Address