



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? (Check the box that best describes you, if you are of Spanish/Hispanic/Latino Origin/Descent)
No, not Spanish/Hispanic/Latino, Yes, Mexican, Yes, Puerto Rican, Yes, Cuban, Yes, other Spanish/Hispanic/Latino

- Race (Check one or more races to indicate what you consider yourself to be)
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 _____