

VITAL STATISTICS RECORD

NAME: _____
First Middle Last

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

RACE: _____

HISPANIC/SPANISH/LATINO: NO YES (*specify*): _____

MILITARY SERVICE: NO YES BRANCH: _____ RANK: _____ YEARS: _____

MARITAL STATUS (*Circle one*): Married / Widowed / Divorced / Never Married

YEARS OF EDUCATION: _____ DEGREE EARNED: _____

OCCUPATION (*Prior to retirement*): _____

TYPE OF INDUSTRY/BUSINESS: _____

EMPLOYER: _____

YEARS IN OCCUPATION: _____

RESIDENCE: _____

Street Address

City

RESIDENCE: _____

State

Zip Code

County

NUMBER OF YEARS RESIDING IN COUNTY: _____

SPOUSE: _____

First

Middle

Maiden/Last

FATHER: _____

First

Middle

Last

FATHER'S PLACE OF BIRTH: _____

MOTHER: _____

First

Middle

Maiden Name

MOTHER'S PLACE OF BIRTH: _____

TYPE OF DISPOSITION (*circle one*): BURIAL CREMATION

FINAL PLACE OF DISPOSITION: _____

ADDRESS: _____

INFORMANT: _____ RELATIONSHIP: _____

ADDRESS: _____

Street

City

State

Zip Code

CONTACT NUMBERS: _____