

Vital Statistics Worksheet

This information is legally required for the completion of the death certificate and other legal forms and is kept strictly confidential.

PLEASE EMAIL ALL FORMS BACK TO: INFO@STATECREMATIONS.COM

Identity Information

First Name _____ Middle _____ Last _____

Sex Male Female Social Security Number _____ Date of Death _____ Age _____

Date of Birth _____ Place of Birth (city, state) _____ Place of Death _____

Education (check the box that best describes the highest degree or level of school completed)

8th grade (*or less*) specify what grade completed 9th-12th grade (*no diploma*) High school graduate or GED

Some college credit (*but no degree*) Associate's degree (*AA, AS*) Bachelor's degree (*BA, AB, BS*)

Master's degree (*MA, MS, MENG, MED, MSW, MBA*) Doctorate (*PhD, EdD*) or Professional degree (*MD, DDS, DVM, LLB, JD*)

Race

Specify _____

Was Decedent of Hispanic Origin? No Yes specify _____

Veteran Information

Did decedent ever serve in the armed forces? Yes No

What Branch of Service?

Army (Air Corp) Navy Air Force Marine Corps Coast Guard Other specify _____

Years Served (*or specify wartime*) _____ Service # _____

Residence (of decedent)

Address (*number & street, cannot be a PO Box*) _____

City/State/Zip _____

Estimated Length of Time at Residence _____

Marital Status

Married Domestic Partner Never Married Widowed Divorced Separated

Surviving Spouse or Domestic Partner Name (*if wife, maiden name*) _____

Occupation

Usual Occupation (*do not use retired or unemployed*) _____

Type of Business or Industry (*do not use company name*) _____

Parents

Fathers's Name _____ Mother's Name (before first marriage) _____

Informant or Next of Kin (surviving spouse or person in charge of arrangements)

Name _____ Relationship to Deceased _____

Address _____ City/State/Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ Email Address _____