

Statistical Information

1. NAME OF DECEDENT --- FIRST (Given)		2. MIDDLE		3. LAST (Family)	
AKA: ALSO KNOWN AS --- Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	6. SEX
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy
13. EDUCATION --- Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back)	
17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION
20. DECEDENT'S RESIDENCE (Street and number or location)					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	24. YEARS IN COUNTY
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
28. NAME OF SURVIVING SPOUSE --- FIRST		29. MIDDLE		30. LAST (Maiden Name)	
31. NAME OF FATHER --- FIRST		32. MIDDLE		33. LAST	
35. NAME OF MOTHER --- FIRST		36. MIDDLE		37. LAST (Maiden)	
				34. BIRTH STATE	
				38. BIRTH STATE	

Informant: (or next of kin)

Name: _____

Email: _____

Phone: _____

Notes:
