

Vital Statistics for Death Certificate

Deceased Full Legal Name: _____

Date of Birth: _____

Place of Birth (City & State): _____

Marital Status: _____

Spouses Maiden Name: _____

Social Security Number: _____

Deceased Address: _____

Did Deceased Ever Serve in Military: _____

Highest Level of Education Obtained: _____

Occupation While Working: _____

Kind of Business/Industry: _____

Father's Name: _____

Mother's Maiden Name: _____

Informant Name & Relationship: _____

Informant Address: _____

Number of Death Certificates Needed:

With Cause of Death: _____ **Without Cause of Death:** _____