

Statistical Information

1. NAME OF DECEDED --- 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.		IF UNDER ONE YEAR Months Days		IF UNDER 24 HOURS Hours Minutes		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		8. HOUR (24 Hours)		
13. EDUCATION --- Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDED HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input type="checkbox"/> NO				16. DECEDED'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. DECEDED'S RESIDENCE (Street and number or location)												
21. CITY			22. COUNTY/PROVINCE			23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		
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				34. BIRTH STATE _ _		
35. NAME OF MOTHER --- FIRST			36. MIDDLE			37. LAST (Maiden)				38. BIRTH STATE _ _		

Informant: (or next of kin)

Name: _____

Email: _____ Obituary photo

Phone: _____

Notes:
