

**VITAL INFORMATION FORM**  
**P: 1-855-303-6449 / F: 1-855-303-6450**

1. First name of the deceased: \_\_\_\_\_
2. Middle name of deceased: \_\_\_\_\_
3. Last name of deceased: \_\_\_\_\_
4. Also Known As (AKA): \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. Age: \_\_\_\_\_
7. Sex: \_\_\_\_\_
8. Date of Death: \_\_\_\_\_
9. Hour of Death (24 hrs): \_\_\_\_\_
10. Birth state/Foreign City: \_\_\_\_\_
11. Social Security Number: \_\_\_\_\_
12. Ever in US Armed forces: \_\_\_\_\_
13. Marital Status: \_\_\_\_\_
14. Education-highest level: \_\_\_\_\_
15. Was decedent Spanish/
16. Hispanic/Latino?       Yes     No (Hispanic type) \_\_\_\_\_
17. Decedent's Race: \_\_\_\_\_
18. Usual Occupation: \_\_\_\_\_
19. Kind of business/occupy: \_\_\_\_\_
20. Years in occupation: \_\_\_\_\_
21. Decedent's residence: \_\_\_\_\_
22. City: \_\_\_\_\_
23. County: \_\_\_\_\_
24. Zip Code: \_\_\_\_\_
25. Years in County: \_\_\_\_\_
26. State: \_\_\_\_\_
27. Informant's Name: \_\_\_\_\_
28. Informant's Relationship: \_\_\_\_\_
29. Informant's mailing add: \_\_\_\_\_
30. Name of surviving spouse: (First) \_\_\_\_\_
31. Middle name of spouse: \_\_\_\_\_
32. Last (maiden) name: \_\_\_\_\_
33. Name of father – first: \_\_\_\_\_
34. Middle name of father: \_\_\_\_\_
35. Last name of father: \_\_\_\_\_
36. Birth state of father: \_\_\_\_\_
37. Name of mother – first: \_\_\_\_\_
38. Middle name of mother: \_\_\_\_\_
39. Last name of mother:(Maiden) \_\_\_\_\_
40. Birth state of Mother: \_\_\_\_\_
41. Place of final disposition: \_\_\_\_\_
42. Place of death: \_\_\_\_\_
43. County of death: \_\_\_\_\_
44. Address of death: \_\_\_\_\_
45. Name of primary MD: \_\_\_\_\_
46. Phone # of primary MD: \_\_\_\_\_