



# VITAL STATISTICS

(FOR CERTIFIED DEATH CERTIFICATES)

## BENEFICIARY OF SERVICES

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

City & State of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full (Maiden) Name: \_\_\_\_\_

Marital Status:  - Married  - Never Married  - Widowed  - Divorced Spouse

(If wife, Full Name, Maiden Name): \_\_\_\_\_

Usual Occupation (During working life): \_\_\_\_\_ Industry of: \_\_\_\_\_

Highest Completed Education: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic Origin: Y - N

US Veteran:  -Yes  -No Branch: \_\_\_\_\_ Dates Served: \_\_\_\_\_

Alias / AKA's / Nicknames : \_\_\_\_\_

## NEXT OF KIN (Closest Surviving Family Member)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CERTIFIED DEATH CERTIFICATE ORDER BREAKDOWN

1\_ Long Form – Has the cause of death visible on the document. Typically required for health and or other insurances

2\_ Short Form – Does not show the cause of death. Used for stocks, bonds, real estate, annuities, pensions, bank accounts; Any assets or of monetary interest that has to be amended or closed out.

Please indicate how you would like us to order:

#  #

Long Form Short Form

**2 Included Transcripts**

#  #

Long Form Short Form

**Additional Transcripts**