

VITAL STATISTICS RECORD

Please fill in this information prior to Arrangement Conference.

Full Name of Deceased _____ Age _____

Late Residence _____

Birthplace: City _____ County _____ State _____

Birthdate _____ How long resident of city? _____

Other places lived _____

Married ___ Yes ___ No Where _____ When _____

Spouse's name _____

Education of Deceased _____

Occupation _____

Where employed _____

How long _____ Social Security # _____

Church Affiliation _____

Armed Forces _____

Lodge, Service Clubs, Organizations, Hobbies

Sons, Daughters and Address

Sisters, Brothers and Address

Father's Name _____

Mother's Maiden Name _____

Grandchildren _____
