



Vital Information Form

Deceased First Name: _____ Middle _____ Last _____

Last Address: _____ City: _____ State: _____ Zip: _____

Actual Location of Residence (City Name, Village, Township): _____

Date of Birth: _____ Location of Birth: _____ State: _____

Social Security # _____ Male Female

Occupation: _____ Employer: _____

Ancestry: _____ Race: _____

Education _____ (Highest Grade Attended or Number of Years In College)

If deceased was retired - enter occupation prior to retirement

Marital Status: Married Divorced Widowed Never Married

If married and spouse is living / Enter name below (If wife - Enter maiden name below)

First Name: _____ Middle: _____ Last/Maiden _____

First Name of Father _____ Middle _____ Last _____

First Name of Mother _____ Middle: _____ Maiden Name: _____

Next of Kin: _____ Relation _____ Phone: () _____

Complete Address: _____

Email Address: _____ Number of Death Certificates Needed: _____

Branch of Military: _____ Rank: _____

Date of Entry: _____ Date of Discharge: _____

Service Serial Number: _____

PLEASE PROVIDE A COPY OF DISCHARGE PAPER (DD-214)