

Vital Statistics Worksheet

This information is legally required for the completion of the death certificate and other legal forms and is kept strictly confidential.

Identity Information

First (name) _____ Middle (name) _____ Last (name) _____

Sex Male Female Social Security Number _____

Date of Birth _____ Place of Birth (city, state) _____

Education (check the box that best describes the highest degree or level of school completed)

8th grade (or less) specify what grade completed _____ 9th-12th grade (no diploma) High school graduate or GED

Some college credit (but no degree) Associate's degree (AA, AS) Bachelor's degree (BA, AB, BS)

Master's degree (MA, MS, MENG, MED, MSW, MBA) Doctorate (PhD, EdD) or Professional degree (MD, DDS, DVM, LLB, JD)

Race

Specify _____

Was Decedent of Hispanic Origin? No Yes specify _____

Veteran Information

Did decedent ever serve in the armed forces?

Yes No

What Branch of Service?

Army (Air Corp) Navy Air Force Marine Corps Coast Guard Other specify _____

Years Served (or specify wartime) _____ Service # _____

Residence (of decedent)

Address (number & street, cannot be a PO Box) _____

City/State/Zip _____

Estimated Length of Time at Residence _____

Marital Status

Married Domestic Partner Never Married Widowed Divorced Separated

Surviving Spouse or Domestic Partner Name (if wife, maiden name) _____

Occupation

Usual Occupation (do not use retired or unemployed) _____

Type of Business or Industry (do not use company name) _____

Parents

Father's Name _____ Mother's Name (before first marriage) _____

Informant or Next of Kin (surviving spouse or person in charge of arrangements)

Name _____ Relationship to Deceased _____

Address _____ City/State/Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ E-mail Address _____



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