

Vital Statistics Worksheet

Full Name: (First, Middle, Maiden, Last)	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN:
Age:	Date of Birth (Spell Month):
Place of Birth:	
Country or City/State:	
USA Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	US Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Marital Status</u>	
<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
<u>Legal Address (Include Township for Pennsylvania)</u> <u>Number, Street, City, State, Zip</u>	
County of Residence:	Highest Level Education Completed:
Mother's Name (First, Middle, Maiden):	
Father's Name (First, Middle, Last):	
Usual Occupation (cannot use retired):	
Industry:	
Race:	Hispanic Origin? <input type="checkbox"/> YES <input type="checkbox"/> NO
Informant Name:	
Address:	
Phone:	
Email:	
Date of Death:	Time of Death:
Place of Death: (Name, address)	