

## VITAL STATISTICS

Full legal name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Birthplace (city & state): \_\_\_\_\_

Education level completed: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Veteran:  Yes  No Branch: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Service number: \_\_\_\_\_

Enlistment date & place: \_\_\_\_\_

Discharge date & place: \_\_\_\_\_

Location of military discharge papers: \_\_\_\_\_

Spouse's name (if wife, please give maiden name): \_\_\_\_\_

Father's name (first, middle, last): \_\_\_\_\_

Birthplace of father: \_\_\_\_\_

Mother's maiden name (first, middle, last): \_\_\_\_\_

Birthplace of mother: \_\_\_\_\_

## HISTORICAL INFORMATION

In community since: \_\_\_\_\_ Date & place married: \_\_\_\_\_

Occupation (former, if retired): \_\_\_\_\_ Employer: \_\_\_\_\_

Number of years employed: \_\_\_\_\_ City & state: \_\_\_\_\_

Organization memberships (fraternal & other): \_\_\_\_\_

Church: \_\_\_\_\_

Additional information: \_\_\_\_\_

## AUTHORIZATION

I, \_\_\_\_\_, do hereby certify and acknowledge that the information recorded herein was personally given to \_\_\_\_\_ representing \_\_\_\_\_ Funeral Home.

I understand that the information recorded herein is on file at the funeral home listed above.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_