

## VITAL STATISTICS RECORD

NAME: \_\_\_\_\_  
*First Middle Last*

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

RACE: \_\_\_\_\_

HISPANIC/SPANISH/LATINO: NO YES (*specify*): \_\_\_\_\_

MILITARY SERVICE: NO YES BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_ YEARS: \_\_\_\_\_

MARITAL STATUS (*Circle one*): Married / Widowed / Divorced / Never Married

YEARS OF EDUCATION: \_\_\_\_\_ DEGREE EARNED: \_\_\_\_\_

OCCUPATION (*Prior to retirement*): \_\_\_\_\_

TYPE OF INDUSTRY/BUSINESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

YEARS IN OCCUPATION: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

*Street Address*

*City*

RESIDENCE: \_\_\_\_\_

*State*

*Zip Code*

*County*

NUMBER OF YEARS RESIDING IN COUNTY: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

*First*

*Middle*

*Maiden/Last*

FATHER: \_\_\_\_\_

*First*

*Middle*

*Last*

FATHER'S PLACE OF BIRTH: \_\_\_\_\_

MOTHER: \_\_\_\_\_

*First*

*Middle*

*Maiden Name*

MOTHER'S PLACE OF BIRTH: \_\_\_\_\_

TYPE OF DISPOSITION (*circle one*): BURIAL CREMATION

FINAL PLACE OF DISPOSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

INFORMANT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

CONTACT NUMBERS: \_\_\_\_\_