



VITAL STATISTICAL INFORMATION SHEET
THIS INFORMATION IS NECESSARY TO COMPLETE LEGAL DOCUMENTS

FIRST NAME: _____

LAST NAME: _____

LEGAL PERMANENT ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

FATHER'S FIRST AND LAST NAME: _____

MOTHER'S FIRST AND MAIDEN NAME: _____

PRIMARY OR USUAL OCCUPATION (PRIOR TO RETIREMENT): _____

TYPE OF BUSINESS OR INDUSTRY: _____

HIGHEST LEVEL OF SCHOOL COMPLETED: _____

ARMED FORCES/VETEREN: YES NO BRANCH OF SERVICE: _____

DATES OF SERVICE AND SERVICE NUMBER: _____

MARITAL STATUS: M W D NM SPOUSE'S MAIDEN NAME: _____

NEAREST OF KIN/RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE/ZIP: _____

TELEPHONE NUMBER: _____ EMAIL: _____

NAME OF CLERGY: _____ CONGREGATION: _____

CEMETARY: _____ LOCATION: _____