

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 and/ or foreign country) _____

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

- 11th grade (or less) specify what grade completed _____ 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 _____ County _____

Years resided in this County _____

Marital Status

- Married Domestic Partner Never Married Widowed

Surviving Spouse or Domestic Partner Name (if wife, maiden name) _____
(first) (middle) (last/maiden)

Occupation

Usual Occupation (do not use retired or unemployed) _____

Type of Business or Industry _____ Length at Occupation _____

Parents

Father's Name _____ Birth State _____
(first) (middle) (last)

Mother's Name (before first marriage) _____ Birth State _____
(first) (middle) (last/maiden)

Place of Disposition _____

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 _____



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