

MY PERSONAL HISTORY

The following vital information is used on the death certificate. Providing this information in advance is one of the greatest gifts you can give your loved ones.

Vital Information

Date: _____

Name: _____
First Middle Last Maiden

Address: _____
Street Address City State Zip

In County Since: _____ Last City of Residence: _____

Gender: Male Female Phone: _____ Email: _____

Social Security Number: _____ Race: _____

Hispanic Descent? Yes No Specify: _____

Place of Birth: _____
City County State Zip

Date of Birth: _____ Age: _____
MM/DD/YYYY

Marital Status: Married Domestic Partnership Divorced Never Married Widowed

Place/Date: _____ Spouse/Partner Name: _____
First Middle Last Maiden

Father's Name: _____ Place of Birth: _____
First Middle Last City State

Mother's Name: _____ Place of Birth: _____
First Middle Last Maiden City State

Usual Occupation: _____ Industry: _____

Employer: _____ Phone: _____ Years in Occupation: _____

Grade of Education: _____ Schools Attended/Degree(s)/Certificate(s): _____

Religious and Social Affiliations: _____

My Hobbies/Interests: _____

Armed Forces Service:

Branch of Service: _____ Service Number: _____

Date Entered: _____ Place of Entry: _____

Type of Separation or Discharge of Service: _____ Date: _____

Wars/Conflicts Served: _____ Highest Rank/Rating: _____

Place of Discharge: _____

Location of Discharge Papers (DD214): _____

Medals/Honors/Citations: _____

Additional Information: _____