

Roller Hapgood & Tinney

VITAL STATISTICS INFORMATION

Name: _____
First Middle Last

AKA: _____ Sex: _____

Date of Birth: ___/___/_____ Birthplace: _____

Social Security Number: _____ Military: Yes No

Marital Status: Married Divorced Widowed Never Married

Highest Level of Education/Degree: _____

Spanish/Hispanic/Latino? No Yes, which? _____

Race: _____

Usual Occupation: (*Not Retired*) _____

Kind of Business: _____ Years: _____

Residence: _____

City: _____ County: _____

Zip: _____ Years in County: _____ State: _____

Informant's Name, Relationship: _____

Informant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

Name of Surviving Spouse: _____
First - Middle - Last (Maiden)

Father's Name: _____ Birth State: _____
First - Middle - Last

Mother's Name: _____ Birth State: _____
First - Middle - Maiden

Roller Hapgood & Tinney

FINAL PLACE OF REST

Name of Cemetery or Other _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____