## **Statistical Information**

This information is required to prepare the Death Certificate and is confidential Name .\_\_\_\_ First Middle Last Address City, State\_\_\_\_\_County\_\_\_\_ Social Security Number Sex Race Level of Education # of years \_\_\_ College \_\_\_ Type of Degree \_\_\_ Date of Birth\_\_\_\_\_Place of Birth\_\_\_\_ Fathers Name\_\_\_\_\_Mother's Name\_\_\_\_ Marital Status Married, Single, Divorced, Widowed, (if wife...maiden name) Occupation Kind of business/industry Level of Education Veteran yes/no\_\_\_\_\_Branch of Service\_\_\_\_\_\_WWII, Korea, etc.\_\_\_\_ If Veteran, location of Discharge Papers\_\_\_\_\_ Cemetery information (if applicable)\_\_\_\_\_ ( name/location) Next of Kin\_\_\_\_\_ Telephone\_\_\_\_\_\_ Relationship to said above\_\_\_\_\_ Person completing this form\_\_\_\_\_