

VITAL INFORMATION FORM

(Required for non-Medical portion of the Death Certificate)

Please type or print as clearly as possible. All information will be transcribed onto the official death certificate. THANK YOU.

1. NAME OF DECEDENT- FIRST		2. MIDDLE		3. LAST	
4. AKA. ALSO KNOWN AS ~ Include full AKA (FIRST, MIDDLE, LAST)			5. DATE OF BIRTH mm/dd/ccyy		6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
7. BIRTH STATE/ FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER		9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
10. OCCUPATION - Type of work most of life. DO NOT USE RETIRED		11. KIND OF BUSINESS (e.g. grocery store, education, etc.)		12. YEARS IN OCCUPATION	
13. DECEDENT'S HOME ADDRESS (Street and number or location)					
14. DECEDENT'S CITY OF RESIDENCE		15. COUNTY/PROVINCE	16. YEARS IN COUNTY	17. STATE/FOREIGN COUNTRY	18. ZIP CODE
19. MARITAL STATUS (Check One) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN					
20. EDUCATION- HIGHEST LEVEL (refer to worksheet)		21. WAS DECEDENT SPANISH/HISPANIC/LATINO (if yes, see worksheet) <input type="checkbox"/> YES: _____ <input type="checkbox"/> NO		22. RACE (see worksheet)	
23. NAME OF SPOUSE (if living)		24. MIDDLE		25. LAST (If wife, enter Maiden Name)	
26. NAME OF DECEDENT'S FATHER- FIRST		27. MIDDLE		28. LAST	
29. BIRTH STATE		30. NAME OF DECEDENT'S MOTHER- FIRST		31. MIDDLE	
32. LAST (Maiden Name)		33. BIRTH STATE		34. FINAL DISPOSITION (Check One) <input type="checkbox"/> BURIAL <input type="checkbox"/> RESIDENCE <input type="checkbox"/> SEA SCATTER	
35. NAME AND ADDRESS OF PERSON(S) WHO WILL KEEP CREMAINS AT THEIR RESIDENCE AND THEIR RELATIONSHIP, OR CEMETERY NAME & ADDRESS, OR LOCATION WHERE CREMAINS ARE TO BE SCATTERED					
36. INFORMANT'S NAME AND RELATIONSHIP			37. INFORMANT'S MAILING ADDRESS (Street and number or location)		
38. INFORMANT'S CITY, STATE, AND ZIP			39. INFORMANT'S PHONE NUMBER (with Area Code)		
40. PHYSICIAN'S NAME			41. PHYSICIAN'S PHONE NUMBER		
42. PHYSICIAN'S ADDRESS			43. PHYSICIAN'S CITY, STATE, AND ZIP		

I have read the above information, and state that it is true & correct, and release Pacific Interment Service Inc. from any charges that may occur in the correction of the original certificate due to this information.

SIGNATURE: _____ DATE: _____

VITAL INFORMATION WORKSHEET

(Required for non-Medical portion of the Death Certificate)

#20: DECEDENT'S EDUCATION

Check the box that best describes the highest degree or level of school completed at the time of death and, if necessary, enter the appropriate information.

0-11th grade. Enter the highest year completed: _____

12th grade, but no diploma. Enter **12**

High school graduate or GED completed. Enter either **HS GRADUATE** or **GED**: _____

Some college credit, but no degree. Enter **SOME COLLEGE**

Associate degree (e.g., AA, AS). Enter **ASSOCIATE**

Bachelor's degree (e.g., BA, AB, BS). Enter **BACHELOR'S**

Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA). Enter **MASTER'S**

Doctorate (e.g., Phd, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD). Enter either **DOCTORATE** or **PROFESSIONAL**:

#21: WAS DECEDENT SPANISH/ HISPANIC/LATINO?

If Spanish/Hispanic/Latino, check "Yes" in the box next to their specific regional origin and, if necessary, enter the appropriate information. If not Spanish/Hispanic/Latino, check "No".

No

Yes, Mexican, Mexican American, or Chicano

Yes, Central American

Yes, South American

Yes, Cuban

Yes, Puerto Rican

Yes, other Spanish/Hispanic/Latino

Specify: _____

#22: WHAT WAS DECEDENT'S RACE OR ETHNICITY?

Check one or more races to indicate what the decedent considered himself or herself to be and, if necessary, enter the appropriate information. You may check boxes for up to 3 races.

White

Black, African American, or Negro

American Indian or Alaska Native (North, South, and Central American Indian)
Specify Tribe(s):

Native Hawaiian

Guamanian

Samoan

Other Pacific Islander
Specify:

Asian Indian

Cambodian

Chinese

Filipino

Hmong

Japanese

Korean

Laotian

Vietnamese

Other Asian
Specify:

Other
Specify:

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