

Vital Statistics Information Sheet

Name: _____
FIRST MIDDLE LAST

_____ Male _____ Female _____ Age

Social Security Number: _____

Birthdate: _____ Birthplace: _____
(City, State)

Decedent's Education Level:

- | | |
|---|---|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> 9 th -12 th grade; no diploma | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Doctorate degree |
| <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown | <input type="checkbox"/> Not classifiable |

Was Decedent of Hispanic Origin?

- No, Not Hispanic
- Yes- Check all of the following that apply
- Mexican, Mexican-American, Chicano
- Puerto Rican
- Cuban
- Other Spanish/Hispanic/Latino Specify _____

Decedent's Race:

- White or Caucasian
 - Black or African American
 - American Indian or Alaska Native
- Specify principal tribe(s) _____

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian Specify _____

-
- Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander Specify _____

-
- Other Specify _____

Was Decedent ever in the U.S. Armed Forces? _____ No _____ Yes
If "Yes", did the decedent serve in a Combat Zone? _____ No _____ Yes.
If "Yes", add the Location of Combat Zone. _____

Residential Address: _____
NUMBER STREET CITY

COUNTY STATE ZIP LENGTH OF TIME AT RESIDENCE

Marital Status at time of death:

- Married Legally Separated
- Oregon Registered Domestic Partnership
- Widowed Divorced
- Never married Unknown

Spouse's Name Prior to First Marriage: _____
FIRST MIDDLE LAST (MAIDEN IF FEMALE)

Usual Occupation Title: _____

Business or Industry: _____

Father's Name: _____
FIRST MIDDLE LAST

Mother's Name: _____
FIRST MIDDLE MAIDEN NAME

Informant's Name: _____
FIRST MIDDLE LAST

Telephone Number: _____ Relationship: _____

Mailing Address: _____
NUMBER STREET CITY STATE ZIP CODE

Burial: _____ Yes _____ No

Cremation: _____ Yes _____ No

Donation: _____ Yes _____ No

Cemetery location (If any): _____
NAME CITY, STATE