

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		MAIDEN	
4. AKA. ALSO KNOWN AS ~ Include full AKA (FIRST, MIDDLE, LAST)				5. DATE OF BIRTH mm/dd/yyyy		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 McPherson Funeral Services, P.A. 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)

<p>#20: DECEDENT'S EDUCATION</p> <p>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.</p> <p><input type="checkbox"/> 0-11th grade. Enter the highest year completed: _____</p> <p><input type="checkbox"/> 12th grade, but no diploma. Enter 12</p> <p><input type="checkbox"/> High school graduate or GED completed. Enter either HS GRADUATE or GED: _____</p> <p><input type="checkbox"/> Some college credit, but no degree. Enter SOME COLLEGE</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS). Enter ASSOCIATE</p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB,BS). Enter BACHELOR'S</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA). Enter MASTER'S</p> <p><input type="checkbox"/> Doctorate (e.g., Phd, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD). Enter either DOCTORATE or PROFESSIONAL: _____</p>	<p>#21: WAS DECEDENT SPANISH/ HISPANIC/LATINO?</p> <p>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".</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, or Chicano</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino Specify: _____</p>	<p>#22: WHAT WAS DECEDENT'S RACE OR ETHNICITY?</p> <p>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.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black, African American, or Negro</p> <p><input type="checkbox"/> American Indian or Alaska Native (North, South, and Central American Indian) Specify Tribe(s): _____</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander Specify: _____</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Cambodian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Laotian</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian Specify: _____</p> <p><input type="checkbox"/> Other Specify: _____</p>
--	---	--

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