



HOME FOR SERVICES  
(Vital Statistics Form)

FULL NAME \_\_\_\_\_

CURRENT LEGAL ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ SPOUSE: \_\_\_\_\_  
(If wife, give maiden name)

BIRTHPLACE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

USUAL OCCUPATION \_\_\_\_\_ KIND OF BUSINESS \_\_\_\_\_

LAST EMPLOYER AND ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ VETERAN: YES/NO \_\_\_\_\_  
(need discharge papers)

RACE: \_\_\_\_\_ EDUCATION (HIGHEST GRADE COMPLETED) \_\_\_\_\_

DISPOSITION:  BURIAL  CREMATION  ENTOMBMENT

CEMETERY/CREMATORY \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

DEED NUMBER: \_\_\_\_\_ SECTION: \_\_\_\_\_ GRAVE NUMBER \_\_\_\_\_

FUNERAL SERVICE TO BE HELD AT: \_\_\_\_\_