



WHEELER & WOODLIEF
FUNERAL HOME AND CREMATION SERVICES

Vital Statistics

Name of Deceased (First, Middle, Last) _____

Maiden Name (If applicable) _____

Date of Birth _____ Birthplace (County or City and State or Country) _____

Social Security# _____

Decedent's Residence Address _____

City: _____ State: _____ Zip: _____

Country of Citizenship _____ (if immigrated to us how long lived in U.S.) _____

Veteran of U.S. Armed Forces Yes No Branch _____

Race of Decedent (Check one or more) American Indian/Alaskan Native (specify) _____

White Black or African American Filipino Korean Other Pacific Islander (Specify) _____

Asian Indian Chinese Samoan Vietnamese Other Asian (Specify) _____

Native Hawaiian Guamanian or Chamorro Japanese Unknown Other _____

Usual or Last occupation (Do Not List Retired) _____

Kind of Industry _____

Highest Level of Education (Completed) Elem/Secondary (0-12) # _____ H.S. Diploma GED Years of College# _____

Associate Degree Bachelor's Degree Master's Degree Doctorate/Professional Unknown

Marital Status: Married Never Married Married but Separated Widowed Divorced

If married, separated, widowed: Name of Spouse _____

Full Name of Decedent's Father _____

Full Name of Decedent's Mother _____ Maiden Name _____

Name of Informant

Person providing this Vital Statistical information _____

Informant Phone Number _____

Relationship to decedent _____

Complete Address: _____

State: _____ Zip: _____