

## Vital Statistics

Name of Deceased (First, Middle, Last) + Maiden Name if Female

Date of Birth	Birthplace (City and State or Country)	
Social Security#		
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 c	or more) 🛛 American Indian/Alas	skan Native (Specify)
UWhite UBlack or African Am	nerican 🛛 🕒 Latino/Hispanic (Spec	cify): 🖬 Filipino 🛛 Korean
Other Pacific Islander(Specify	()	🗅 Asian Indian 🕒 Chinese 🕒 Samoan 🕞 Vietnamese
Other Asian (Specify)		💶 🔲 Native Hawaiian 🛛 Guamanian or Chamorro 🖓 Japanese
Unknown DOther		
Usual or Last occupation (Do No	ot List Retired)	
Kind of Industry		
		) #
Marital Status: 🗅 Married 🛛 🗅 Ne	ever Married 🛛 🖵 Married but Sep	arated Divorced
If married, separated, widowed:	: Name of Spouse	
Full Name of Decedent's Father		
Full Name of Decedent's Mothe	r	Maiden Name
Name of Informant		
Person providing this Vital Stati	stical information	
Relationship to decedent		
Complete Address:		
State:		Zip:

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