

VITAL STATISTICS RECORD

NAME: _____
First Middle Last

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

RACE: _____

HISPANIC/SPANISH/LATINO: NO YES (*specify*): _____

MILITARY SERVICE: NO/YES BRANCH: _____ RANK: _____ YEARS: _____

MARITAL STATUS (*Circle one*): Married / Widowed / Divorced / Never Married

YEARS OF EDUCATION: _____ DEGREE EARNED: _____

OCCUPATION (*Prior to retirement*): _____

TYPE OF INDUSTRY/BUSINESS: _____

EMPLOYER: _____

YEARS IN OCCUPATION: _____

RESIDENCE: _____
Street Address City

RESIDENCE: _____
State Zip Code County

NUMBER OF YEARS RESIDING IN COUNTY: _____

SPOUSE: _____
First Middle Maiden/Last

FATHER: _____
First Middle Last

FATHER'S PLACE OF BIRTH: _____

MOTHER: _____
First Middle Maiden Name

MOTHER'S PLACE OF BIRTH: _____