



DEATH CERTIFICATE VITALS WORKSHEET

WARNING: It is critical that you provide accurate information that matches legal records. Any incorrect, misspelled, illegible, or unofficial answer will invalidate the Death Certificate MEDCURE provides. If any answer is impossible to obtain, write "UNKNOWN." If possible, please type your answers. If not, please write VERY clearly in all capital letters.

Donor's Full Legal Name: _____ Date of Birth: _____
(Legal name on file with the Social Security Office; if applicable, include Jr., Sr., II, III, etc.)

Maiden Name (if applicable): _____ Birthplace: _____
City & State, or County

Sex: Female Male Social Security Number (if preferred, may be provided verbally over the phone): _____

Residence:

Residence State: _____ Since: _____ County: _____ Since: _____

Current Street Address: _____ City: _____

State: _____ Zip Code: _____ Lived at Current Address Since: _____ Inside City Limits? Yes No

Township (as applicable): _____ Previous State of Residence: _____

Marital Status: Never Married Married Divorced Widowed Other: _____

Spouse's Name (if applicable): _____
First Middle Last Maiden Name

Race: White/Caucasian African American Hispanic Asian Native American, Tribe: _____
 Pacific Islander Other: _____

Parental Information:

Father's Name: _____
First Last

Father's Birthplace: _____

Mother's Name: _____
First Last (Maiden Name)

Mother's Birthplace: _____

Donor's Highest Education Level: Grade School (Grade Level: _____) GED High School (Grade Level: _____)

Some College Trade/Vocational Associate's Bachelor's Master's Professional/Doctorate Unknown

Occupational Information: Usual Occupation: _____ Industry: _____
Retired and disabled are not an option. Please list last or longest occupation/industry

Years in Occupation: _____ Name of Last employer: _____

U.S. Military Service: Yes No Branch: _____ Discharge Date: _____ Serial Number: _____

Combat Served: Yes No War Served: _____ Disabled in Service: Yes No

Person Completing Form: _____ **Relationship to Donor:** _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____
Today's Date: _____