



Vital Statistics Worksheet for Death Certificate

NOTE: Please type or print clearly and provide the most accurate information possible to match legal records. If any information is impossible to attain, please write "UNKNOWN." Any blank, incorrect, misspelled, or illegible information may be difficult and expensive to correct after the death certificate is filed. In most cases, the family must contact the state for amendments, and MedCure is generally unable to help with that process or any related fees. You may provide sensitive information by phone if you choose. If completed prior to passing, please update MedCure with any changes.

Full Name of Donor: _____ **Social Security Number:** _____
Legal name on file with Social Security; include any Jr., Sr., II, etc. REQUIRED

Last name prior to first marriage: _____ **Any Alias/AKA:** _____

Date of Birth: _____ **Place of Birth:** _____ **Sex/Gender:** _____
City, County, State or Foreign Country

Current Street Address: _____ **Inside City Limits?** Yes No

City: _____ **State:** _____ **Zip:** _____ **County:** _____ **Township:** _____

Lived in state since: _____ In county since: _____ In current residence since: _____ Any previous states of residence: _____

Race/Ethnicity: (check all that apply) White Black or African American Hispanic:(Specify) _____
 Native American:(Specify) _____ Pacific Islander:(Specify) _____ Asian:(Specify) _____
 Other:(Specify) _____ *Ancestry, if known:* _____

Highest Level of Education: No Diploma(highest grade completed: _____) High School Graduate GED Some College
 Trade/Vocational Associate's Bachelor's Master's Professional/Doctorate Unknown

Usual Occupation: _____ **Industry:** _____
Retired/Disabled not an option unless life-long

Years in this Occupation: _____ **Name of Last Employer:** _____

U.S. Military Veteran: Yes No **If yes, Branch:** _____ **Years Served:** _____ **Serial Number:** _____
Combat Served: Yes No **Wars Served In:** _____ **100% Service-Connected Disability:** Yes No

Parent #1 Full Legal Name: _____ **Last name before First Marriage:** _____

Parent #1 Place of Birth (city, county, state or foreign country): _____

Parent #2 Full Legal Name: _____ **Last name before First Marriage:** _____

Parent #2 Place of Birth (city, county, state or foreign country): _____

Donor's Marital Status: Never Married Legally Married Married, but Legally Separated Divorced Widowed
 Legal Civil Union Unknown Other:(Specify) _____

Spouse's Full Legal Name: _____ **Last Name Prior to First Marriage:** _____

Plans for Cremated Remains: Keep at Home Scattering Cemetery Other: _____ Unknown at this Time

Person Completing Form: _____ **Relationship to Donor:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **Today's Date:** _____

Phone number: _____ **Email Address:** _____