



*"On Behalf of a Grateful Nation."*

## *Vital Information Form*

Deceased First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Last Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Actual Location of Residence ( City Name, Village, Township ): \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ Location of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Social Security # \_\_\_\_\_ Male Female

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Ancestry: \_\_\_\_\_ Race: \_\_\_\_\_

Education \_\_\_\_\_ (Highest Grade Attended or Number of Years In College )

If deceased was retired - enter occupation prior to retirement

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Marital Status: Married Divorced Widowed Never Married

If married and spouse is living / Enter name below ( If wife - Enter maiden name below )

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last/Maiden \_\_\_\_\_

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First Name of Mother \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name of Father \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

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Next of Kin: \_\_\_\_\_ Relation \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Complete Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Number of Death Certificates Needed: \_\_\_\_\_

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Branch of Military: \_\_\_\_\_ Rank: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Service Serial Number: \_\_\_\_\_

**PLEASE PROVIDE A COPY OF DISCHARGE PAPER (DD-214)**