



VITAL STATISTICS

FIRST NAME AT BIRTH	
MIDDLE NAME AT BIRTH	
LAST NAME AT BIRTH	
DATE OF DEATH	
PLACE OF DEATH (STREET ADDRESS)	
PLACE OF DEATH (CITY, STATE, ZIP CODE)	
PLACE OF DEATH (COUNTY)	
SEX	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
RACE- ETHNICITY	
HISPANIC ORIGIN	YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF BIRTH	
FATHER'S NAME	
MOTHER'S MAIDEN NAME	
USUAL OCCUPATION	
INDUSTRY	
HIGHEST EDUCATION LEVEL	
PLACE OF BIRTH	
SOCIAL SECURITY NUMBER	
NAME OF SPOUSE AT BIRTH	
SPOUSE LIVING	YES <input type="checkbox"/> NO <input type="checkbox"/>
VETERAN	YES <input type="checkbox"/> NO <input type="checkbox"/>
BRANCH OF SERVICE	
INFORMANT	
RELATIONSHIP	
INFORMANT STREET ADDRESS	
INFORMANT ADDRESS (CITY, STATE, ZIP CODE)	

INFORMANT PHONE NUMBER	
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