RECORD OF VITAL STATISTICS

The information below is needed for t	he death certficiate:				
Name:					
Legal Address:					
Marital Status: Married Widowed	Divorced	Never Married _	-Ct/Olle		
Name of most recent Spouse (include M (regardless of marital status)	laiden if female)				
Birthplace (City & State):					
Date of Birth:					
If Veteran, provide War	Outfit (Army, Navy, etc.) D	ate Entered:	Date Discharged:	
Rank at time of Discharge:	(a copy of the Mi	litary Discharge D	D 214 should be	e provided)	
Education: No of years					
Occupation:	a od	Social Security N	lo.		
Employer:	Kind of E	Business:			
Informant Name:		Tel#			
Informant Address:					
Father's Name & State of Birth					
Mother's Birth Name & State of Birth					
Cemetery:		City/State:			
The information below will be helpful	======================================	only			
Please provide list of survivors (children	, grandchildren, brothers,	sisters, etc)			

Please provide other information you wish to include in the obituary: schooling, hobbies, memberships, accomplishments, etc