



Catholic Cemeteries & Mortuaries Vital Statistics

1. NAME OF DECEDENT – FIRST (GIVEN)
2. MIDDLE NAME:
3. LAST: (FAMILY)
4. DATE OF BIRTH: MM/DD/YYYY
5. AGE (Yrs.)
6. IF UNDER ONE YEAR: (MONTH & DAYS)
7. IF UNDER 24 HOURS: (Hrs. & Mins)
8. SEX: <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
9. BIRTH STATE/FOREIGN COUNTRY
10. SOCIAL SECURITY NUMBER
11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> Yes <input type="checkbox"/> NO
12. MARITAL STATUS (AT TIME OF DEATH)
13. DATE OF DEATH (MM/DD/YYYY)
14. HOURS (24 HOURS)
15. EDUCATION – HIGHEST LEVEL/DEGREE
16. WAS DECEDENT SPANISH/HISPANIC/LATINO (IF YES, SPECIFY) <input type="checkbox"/> Yes <input type="checkbox"/> NO
17. DECEDENTS RACE – UP TO 3 RACES MAY BE LISTED
18. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED
19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency)
20. YEARS IN OCCUPATION
21. DECEDENT'S RESIDENCE (Street & Number)
22. CITY
23. COUNTY/PROVIDENCE
24. ZIP CODE
25. YEARS IN COUNTRY
26. STATE/FOREIGN COUNTRY
27. INFORMANTS NAME, RELATIONSHIP
28. INFORMANTS MAILING ADDRESS
29. FULL NAME OF SURVING SPOUSE
30. FULL NAME OF FATHER
31. BIRTH STATE OF FATHER
32. FULL NAME OF MOTHER
33. BIRTH STATE OF MOTHER