

**Rowe Funeral Home and Crematory
Vital Statistics Worksheet**

Name of Deceased

First: _____ Middle: _____ Last: _____

Maiden: _____

Address: _____

City: _____ State: _____ Zip: _____

Township or Village(Circle): _____ County: _____

Other Demographic Information of Deceased

Sex (circle): M F Race/Ethnicity: _____ Tribal Member: Y N

Marital Status (circle): Married Divorced Widowed Never Married

Birthplace: _____

Date of Birth: _____

Father's FULL Name: _____

Mother's FULL Name: _____

 Mother's MAIDEN (Birth Last) Name: _____

Usual Occupation (DO NOT LIST RETIRED or UNEMPLOYED): _____

Employed in What Type of Industry: _____

Social Security Number: _____ Highest Education: _____

Spouse's FULL Name: _____

Spouse's MAIDEN Name (F): _____

Was Deceased a Veteran?: Y N Branch: _____

Honorably Discharged?: Y N

Informant (REQUIRED FOR DEATH CERTIFICATE):

Name: _____ Relationship to Deceased: _____

Address: _____

Phone: _____

Alternate Phone: _____

Number of Death Certificates You Would Like: _____