

**VITAL STATISTICS FOR \_\_\_\_\_**

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Full Name			
Date of Birth	Place of Birth	Birth Name (if different)	
Date of Death			
Address at time of Death			
Social Security Number			
Father's Full Name and Birthplace			
Mother's Maiden Name and Birthplace			
Occupation & Employer Information (enter Retired or N/A if necessary)			
Former Military? (circle one) Yes                  No	Branch	Dates of Service	DD-214 Available? Yes                  No
Currently receiving military retirement pay? (circle one) Yes                  No	Please be prepared to provide proof of payment: Monthly bank statement or W-2 statement.		
Currently receiving any benefits from the Veterans' Administration? (circle one) Yes                  No	Please be prepared to provide proof of payment: Monthly bank statement or annual VA eligibility letter. You may also need to prove 100% total and permanent disability for additional benefits.		
Currently receiving Social Security benefits? (circle one) Yes                  No	Please contact the Social Security Administration to make an appointment to discuss benefits.		
Other income or benefits received? (circle one) Yes                  No	Please list, and contact the appropriate company or agency to notify of death		

**SURVIVOR'S INFORMATION**

Your Name (including maiden name)				
Any prior marriages? (circle one) Yes                  No	Marriage #1 Last Name	Marriage Date	Ended by (circle one) Death                  Divorce	End Date
If yes, please list marriage date(s), how marriage ended, and end date(s)	Marriage #2 Last Name	Marriage Date	Ended by (circle one) Death                  Divorce	End Date
Your Social Security Number				