



## Vital Statistics

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security number \_\_\_\_\_ Citizenship \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Maiden name \_\_\_\_\_

Name of spouse \_\_\_\_\_ Date deceased \_\_\_\_\_

Wedding date \_\_\_\_\_

Father's name \_\_\_\_\_ His place of birth \_\_\_\_\_

Mother's name \_\_\_\_\_ Her place of birth \_\_\_\_\_

Military service branch \_\_\_\_\_ Pension / VA claim no. \_\_\_\_\_

Induction date / place \_\_\_\_\_

Serial number \_\_\_\_\_ Rank \_\_\_\_\_

Wars served \_\_\_\_\_ Decorations \_\_\_\_\_

Discharge date / place \_\_\_\_\_

## Additional Information

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