
VITAL STASTIC INFORMATION

(for required legal documents)

Name _____
first middle last

Address _____
number street

City or village _____ State _____ Zip _____

Town (if outside city or village) _____ County _____

Place of birth _____ Date of birth _____ / _____ / _____

Veteran no yes (Specify years:) _____

Race _____ Education _____
elementary (0-12 years) college (1-4, 5+ years)

Social Security Number _____

Marital status: never married married or separated widowed divorced

Spouse _____
first middle last (wife, provide maiden name)

Usual Occupation (before retirement) _____

Kind of business or industry _____

Name and locality of company or firm _____

Father _____
first middle last

Mother _____
first middle maiden

Contact Person _____
first middle last

Address _____
number street

City or village _____ State _____ Zip _____

Phone _____