

SURVIVING RELATIVES

SPOUSE \_\_\_\_\_

CHILDREN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENTS \_\_\_\_\_

\_\_\_\_\_

BROTHERS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SISTERS \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF

GRANDCHILDREN \_\_\_\_\_

GREAT-GRANDCHILDREN \_\_\_\_\_

FULL NAME \_\_\_\_\_

FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

CITY STATE

EDUCATION/HIGHEST LEVEL COMPLETED: (CIRCLE ONE)

8<sup>TH</sup> GRADE OR LESS 9<sup>TH</sup>-12<sup>TH</sup> NO DIPLOMA HIGH SCHOOL/GED

SOME COLLEGE ASSOCIATES BACHELORS MASTERS PHD

USUAL OCCUPATION BEFORE RETIREMENT

OCCUPATION \_\_\_\_\_

INDUSTRY \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

HISPANIC ORIGIN \_\_\_\_\_ RACE \_\_\_\_\_

YES/NO

FATHERS NAME \_\_\_\_\_

MOTHERS NAME \_\_\_\_\_

FIRST MIDDLE MAIDEN

VETLAN \_\_\_\_\_ SERVE IN A COMBAT ZONE \_\_\_\_\_

YES/NO

YES/NO

IF YES, LOCATION OF COMBAT \_\_\_\_\_

BRANCH OF SERVICE \_\_\_\_\_

SERVICE SERIAL NUMBER \_\_\_\_\_

BRING IN DISCHARGE PAPERS, DD-214

NEVER MARRIED, MARRIED, WIDOWED OR DIVORCED

(CIRCLE ONE)

SPOUSES NAME \_\_\_\_\_

FIRST MIDDLE MAIDEN

PRIMARY PHYSICIAN \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

INFORMANTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO DECEDENT \_\_\_\_\_