



SPRING GROVE
CREMATION SOCIETY

Vital Statistics Worksheet

This information is legally required for the completion of the death certificate and other legal forms
and is kept strictly confidential.

Identity Information

First (name) _____ Middle (name) _____ Last (name) _____

Sex Male Female Social Security Number (xxx-xx-xxxx) _____ - _____ - _____

Date of Birth _____ Place of Birth (city, state) _____

Date of Death _____

Marital Status _____ Spouses Name _____ Maiden Name _____

(please do not write single, indicate never married, divorced or widowed)

Education

8th Grade or less 9th-12th Grade High School graduate or GED
Some college credit (but no degree) Associates degree (AA,AS) Bachelor's degree (BA,AB,BS)
Master's degree (MA,MS, MENG, MED,MSW, MBA) Doctorate (PhD, EdD) or Professional degree (MD,DDS,DVM,LLB,JD)

Race

Specify _____

Was Descendent of Hispanic Origin? No Yes (specify) _____

Veteran Information

Did Decedent ever serve in the armed forces? Yes No

What Branch of Service?

Army (Air Corp) Navy Air Force Marine Corps Other (specify) _____

Residence (of Decedent)

Address (number and street, cannot be a PO Box) _____

City/State/Zip _____

County _____ Inside City Limits? Yes No

Occupation

Usual Occupation (do not use retired or unemployed) _____

Type of Business or Industry (do not use company name) _____

Parents

Father's Name (first, middle, and last) _____

Mother's Name (first, middle, and maiden name) _____

Informant Legal Next of Kin (surviving spouse, or person in charge of arrangements)

Name _____ Relationship to Deceased _____

Address _____ City/State/Zip _____

Cell Phone _____ Email Address _____