



# CARLISLE BRANSON

FUNERAL SERVICE & CREMATORY

## Vital Statistics

Name of Deceased (First, Middle, Last) + Maiden Name if Female

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace (City and State or Country) \_\_\_\_\_

Social Security# \_\_\_\_\_

Decedent's Residence Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ (if immigrated to us how long lived in U.S.) \_\_\_\_\_

Veteran of U.S. Armed Forces  Yes  No Branch \_\_\_\_\_

Race of Decedent (Check one or more)  American Indian/Alaskan Native (Specify) \_\_\_\_\_

White  Black or African American  Latino/Hispanic (Specify): \_\_\_\_\_  Filipino  Korean

Other Pacific Islander(Specify) \_\_\_\_\_  Asian Indian  Chinese  Samoan  Vietnamese

Other Asian (Specify) \_\_\_\_\_  Native Hawaiian  Guamanian or Chamorro  Japanese

Unknown  Other \_\_\_\_\_

Usual or Last occupation (Do Not List Retired) \_\_\_\_\_

Kind of Industry \_\_\_\_\_

Highest Level of Education(Completed) Elem/Secondary (0-12) # \_\_\_\_\_  H.S. Diploma  GED Years of College# \_\_\_\_\_

Associate Degree  Bachelor's Degree  Master's Degree  Doctorate/Professional  Unknown

Marital Status:  Married  Never Married  Married but Separated  Widowed  Divorced

If married, separated, widowed: Name of Spouse \_\_\_\_\_

Full Name of Decedent's Father \_\_\_\_\_

Full Name of Decedent's Mother \_\_\_\_\_ Maiden Name \_\_\_\_\_

### Name of Informant

Person providing this Vital Statistical information \_\_\_\_\_

Informant Phone Number \_\_\_\_\_

Relationship to decedent \_\_\_\_\_

Complete Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_