

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 Death _____
Date of Birth _____ -- _____ -- _____ Place of Birth (city, state) _____
(Month) (Day) (Year)

Education (check the box that best describes the highest degree or level of school completed)

- 8th grade (or less) specify what grade completed _____ 9th-12th grade (no diploma) High school graduate or GED
 Some college credit (but no degree) Associate's 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 Decedent 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 & 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) (last)
Mother's Name (before first marriage) _____
(first) (middle) (last/maiden)

Disposition

Method of Disposition Cremation Place of Disposition Spring Grove Crematory

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

Name _____ Relationship to Deceased _____
Address _____ City/State/Zip _____
County _____ Home Phone _____
Cell Phone _____ E-mail Address _____



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