

VITAL STATISTICS

DECEASED'S NAME:

DECEASED'S ADDRESS:		CITY, STATE & ZIP:	COUNTY:
PLACE OF DEATH:		CITY, STATE & ZIP:	COUNTY:
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE - ETHNICITY:	MARITAL STATUS:	CITIZEN:
BIRTHPLACE:		DATE OF BIRTH:	
FATHER'S NAME:	LIVING: <input type="checkbox"/> YES <input type="checkbox"/> NO	MOTHER'S MAIDEN NAME:	LIVING: <input type="checkbox"/> YES <input type="checkbox"/> NO
OCCUPATION:		INDUSTRY:	
SOCIAL SECURITY #:	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):		
IF VETERAN, NAME WAR AND BRANCH OF SERVICE:			RANK & SERVICE #:
INFORMANT'S NAME & ADDRESS:			TELEPHONE #:
HIGHEST EDUCATION:	OTHER INFORMATION:		

BIOGRAPHICAL INFORMATION

LENGTH OF PRESENT RESIDENCE:	COMING FROM:
RELIGION:	CHURCH:
CLUBS, ORGANIZATIONS, ACHIEVEMENTS:	

SURVIVING RELATIVES

(PLEASE GIVE FULL NAME AND CITY & STATE OF RESIDENCE)

FATHER:	
MOTHER:	
SPOUSE:	
SONS:	DAUGHTERS:
BROTHERS:	SISTERS:
GRANDCHILDREN (#):	GREAT GRANDCHILDREN (#):

Please fill out and bring with you to your meeting with your Walton's funeral professional.