

VITAL STATISTICS AND BIOGRAPHICAL RECORD

Full Name: _____

Address: _____

City & State: _____

Telephone: _____ Date of Birth: _____ Place of Birth: _____

Sex: Male Female Race: Black White Other(Specify) _____

Marital Status: Never Married Married Divorced Widow(er)

Social Security: _____

Name of Spouse: _____ Maiden Name: _____

Date of Birth of Spouse: _____ S.S. # of Spouse: _____

Name of Father: _____ Living Deceased

Maiden Name of Mother: _____ Living Deceased

Education: Elementary High School College Graduate Study

Occupation/Former Occupation: _____

Type of Business: _____

Religion/Church Membership: _____

List Clubs, Organizations, etc.: _____

Military Information: _____

Branch of Service: _____

Dates of Service: _____ Rank: _____

Service Number: _____

Wars/Conflicts/Honors: _____

Location of Discharge Papers: _____

Type of Emblem or Marker: Latin Cross Star of David

Any Previous Burials: Yes No Who: _____

Names and Ages of Dependent Children: _____

Address of Spouse (if different): _____

Date of Birth of Spouse: _____ S.S. # of Spouse: _____