



41590 Fenwick Street
 P.O. Box 270
 Leonardtown, MD 20650

(301) 475-8500
 (301) 475-8909
 office@mgfh.com

mgfh.com

Vital Statistics

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

Gender: Male Female Social Security# _____

Date of Birth _____ Birthplace (City and State or Country) _____

Decedent's Residence Address _____

City _____ State _____ Zip _____ County _____

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

Veteran of U.S. Armed Forces Yes No Branch _____ War or Dates: _____

Race of Decedent (Check one or more)

White Black or African American American Indian/Alaskan Native (Tribe) _____

Native Hawaiian Filipino Guamanian or Chamorro Samoan Other Pacific Islander (Specify) _____

Asian Indian Chinese Japanese Korean Vietnamese Other Asian (Specify) _____

Unknown Other _____

Latino/Hispanic No, not Hispanic Yes, Mexican, Mexican American, Chicana Yes, Cuban Yes, Puerto Rican

Yes, Other Spanish, Hispanic, Latina Unknown if Spanish, Hispanic, Latina

Usual Occupation (Give kind of work done during most of working life. Do NOT Use Retired) _____

Kind of Business or Industry (Do Not List Company Name) _____

Highest Level of Education (Completed) 8th Grade or less 9th-12th Grade; No Diploma High School Graduate or GED

Some College but No Degree Associate Degree (examples: A.A., A.S.) Bachelor's Degree (examples: B.A., A.B., B.S.)

Master's Degree (examples: M.A. M.S., M.Eng., M.Ed., M.S.W., M.B.A.)

Doctoral Degree (examples: Ph.D., Ed.D.) or Professional Degree (examples: M.D., D.D.S., D.V.M., L.L.B., J.D.) Unknown

Marital Status: Married Never Married Married but Separated Widowed Divorced

If married, separated, widowed: Name of Spouse _____ Maiden Name _____

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 _____

Informant's Complete Mailing Address _____

City/Town _____ State _____ Zip _____

