

Vital Statistics Form - Worksheet for Pre-planning

Please print neatly. This information will be used by the funeral home to complete legal documents.

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|---|--|---|--|--|---|
| Legal Name (First, Middle, Last): | | | AKA or, if Jewish, Full Hebrew Name: | | Sex: ____ Male ____ Female |
| Date of Birth: ____ / ____ / ____ MM DD YEAR | | Birthplace (City, State or Foreign Country): | | | Citizenship: ____ US, or ____ (Other Country) |
| Legal Residence: (Street and No., Apt. No.) | | City/Town | State | Zip Code | Which County |
| Ever is US Armed Forces? ____ No ____ Yes, please specify: Branch of Service _____ Rank _____ Served during Peacetime? ____ Yes, Peacetime. ____ No, War/Conflict (specify): _____ | | Current Legal Marital Status: ____ Married ____ Married, but Separated ____ Widowed ____ Divorced ____ Never Married ____ Unknown | | Legal Name of Spouse (if Married or Widowed): First _____ Middle _____ Last _____ Maiden Name _____ Date of Marriage: _____ Place of Marriage: _____ | |
| Father's Name: First _____ Middle _____ Last _____ | | | Mother's Name: First _____ Middle _____ Maiden Name _____ | | |
| <i>If Jewish, Father's Full Hebrew Name:</i> | | | <i>If Jewish, Mother's Full Hebrew Name:</i> | | |
| Highest Level of Education Completed: ____ 8 th Grade or less ____ High School Graduate/GED ____ Some college credit, but no degree ____ Associate Degree ____ Bachelor's Degree ____ Master's Degree ____ Doctorate or Professional Degree ____ Unknown ____ Not Available | | Of Hispanic/Spanish/Latino Origin? ____ No, not of Hispanic/ Spanish/Latino origin. ____ Yes, Mexican, Mexican- American, Chicano ____ Yes, Puerto Rican ____ Yes, Cuban ____ Yes, Other (specify): _____ | | What is <u>this</u> person's: Cell Phone: _____ Home Phone: _____ Email: _____ | |
| | | | | Religious Affiliation/Preference: ____ Buddhism ____ Islam ____ Catholic ____ Judaism ____ Hinduism ____ Protestant ____ None, or Other: _____ | |
| Race: ____ White ____ Black or African American ____ Vietnamese ____ Filipino ____ Korean ____ Samoan ____ Guamanian or Chamorro ____ Asian Indian ____ Chinese ____ Japanese ____ Native Hawaiian ____ Other Asian (specify): _____ ____ Other (specify): _____ ____ Other Pacific Islander (specify): _____ ____ American Indian or Alaska Native: Name of the Enrolled or Principal Tribe: _____ | | | | | |
| Usual Occupation, Most of Life: (Do not list as "Retired") | | | Kind of Business or Industry of the Usual Occupation: | | |
| If Retired: Retirement Date or Year: _____ Beginning Work Date or Year: _____ How many years worked? _____ Work Title When Retired: _____ | | | Social Security Number: _____ - _____ - _____ CT Medicaid/Title 19 client #: (from card, if applicable) _____ | | |

Please also complete the reverse side of this worksheet ➔

Pre-Planning for Another - If not at their legal residence, where is your loved one currently?

1. ☐ Nursing Home / Rehab. Center or Facility / Health Care Center or Facility / Other Skilled Care Center or Facility
2. ☐ Hospital / Hospice Center or Facility / Emergency Center
3. ☐ Private residence (of another family member or friend).

What is the Name of the place or person selected above? _____

What is the Street Address of the selection above _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Name of a contact person (from business office/other dept.) _____

Is your loved one currently receiving hospice care?

☐ No ☐ Yes, what is the name of the hospice provider? _____

Pre-Planning for Another - Who is the person in charge of these arrangements?

Legal Name: _____ Relationship: _____

Street Address: _____ Apt./Unit #: _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Number: _____ Email Address: _____

Are you a: ☐ POA/Conservator/Guardian (For pre-planning, please provide a copy to funeral home)

☐ Executor/Executrix of the will

FOR VETERANS USE ONLY - If ever in the US Armed Forces, please answer the following:

1. *Will military honors (the folding & presentation of the US flag, the sounding of Taps) be requested during services?*
☐ No ☐ Yes, (please provide the funeral home with a copy of the veteran's DD-214 (Honorable Discharge))
2. *Will a VA standard issue grave marker be requested for the grave of the veteran buried in a cemetery?*
☐ No ☐ Yes, (please provide the funeral home with a copy of the veteran's DD-214 (Honorable Discharge))

Family Member Names (Living and Pre-Deceased) to printed in an Obituary, if desired.

| Relationship | Name for Obituary Publication | Spouse's or Partner's Name | City, State (if living) | ✓ if pre-deceased |
|--------------|-------------------------------|----------------------------|-------------------------|-------------------|
| Spouse | | | | |
| Father | | | | |
| Mother | | | | |
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See the next page for Additional Obituary Information

Name of Person for printed publication: _____

[illegible]

Use the back of this sheet to list additional family members and/or information for the Obituary Notice.

