

RECORD OF VITAL STATISTICS

Full Legal Name \_\_\_\_\_

Legal Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

(Mailing Address if Different) \_\_\_\_\_

\_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Citizen of \_\_\_\_\_

Hispanic Origin \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Name of Spouse (maiden name if wife) \_\_\_\_\_

Education : K – 12, Number of Years \_\_\_\_\_ College, Number of Years \_\_\_\_\_

Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Industry worked in \_\_\_\_\_

Employment place and location \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Father's Name \_\_\_\_\_

If a Veteran, Dates and Branch Served \_\_\_\_\_