



**JEWELL-
RITTMAN**
FUNERAL SERVICE & CREMATORY

Vital Statistics

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

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

Social Security#_____

Decedent's Residence Address_____

City: _____ State: _____ Zip: _____

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

Veteran of U.S. Armed Forces Yes No Branch_____

Race of Decedent (Check one or more) American Indian/Alaskan Native (Specify)_____

White Black or African American Latino/Hispanic (Specify): _____ Filipino Korean

Other Pacific Islander(Specify) _____ Asian Indian Chinese Samoan Vietnamese

Other Asian (Specify) _____ Native Hawaiian Guamanian or Chamorro Japanese

Unknown Other_____

Usual or Last occupation (Do Not List Retired)_____

Kind of Industry_____

Highest Level of Education(Completed) Elem/Secondary (0-12) # _____ H.S. Diploma GED Years of College# _____

Associate Degree Bachelor's Degree Master's Degree Doctorate/Professional Unknown

Marital Status: Married Never Married Married but Separated Widowed Divorced

If married, separated, widowed: Name of Spouse_____

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_____

Complete Address: _____

State: _____ Zip: _____