



VITAL STATISTICS FORM

Please type or print clearly

Name: (First, Middle, Last) _____ Sex: _____

Date of Birth: (Month, Day, Year) _____

Birthplace: (City and State) _____

Social Security: _____ Veteran: Yes No

Address: _____

County: _____

Marital Status: Married Married, Legally Separated Divorced Widowed Never Married

Occupation: (indicate type of work during most of life; do not use retired) _____

Kind of Business /Industry: _____

Race: White Black or African American American Indian or Alaskan Native (specify tribe)

Asian Indian Chinese Filipino Japanese Korean Vietnamese

Other Asian (specify) _____ Native Hawaiian

Guamanian or Chamorro Samoan Other Pacific Island (specify) _____

Other (specify) _____

Hispanic or Haitian Origin? Yes No Mark one if yes:

Mexican Puerto Rican Cuban Haitian Central/South American

Other Hispanic (specify) _____

Education: (highest level completed)

8th grade or less High School, no diploma High School Diploma or GED

College, no degree College Degree: Associate Bachelor's Master's Doctorate

Father's Name: _____

Mother's Full Name (Maiden): _____

Medical History: Please indicate any operations, serious illnesses, or injuries _____

Informant's Name: _____ Relationship to donor: _____

Address: _____

Phone: _____