

THE ANATOMICAL BOARD OF THE STATE OF FLORIDA
VITAL STATISTICS

Please return the completed form to the University of Miami. **(Type or Print Clearly)**

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

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

Birthplace (*City and State or Foreign Country*) _____

Social Security No.: _____ Veteran: Yes No

Marital Status (*Specify*): Married Married, but Separated Widowed Divorced Never Married

Surviving Spouse's Name (*if wife, give maiden name*): _____

Residence - State: _____ County _____

City, Town, or Location _____ Phone No. _____

Street Address: _____

Apt. No. _____ Zip Code: _____ Inside City Limits? Yes No

Usual Occupation (*indicate type of work done during most of working life - Do not use Retired*): _____

Kind of Business/Industry: _____

Race (*Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.*):

- | | | | | | |
|---|--|---|--|---|-------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaskan Native (<i>Specify tribe</i>) | | | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other Asian (<i>Specify</i>) | | | | | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Isl. (<i>Specify</i>) | <input type="checkbox"/> Other (<i>Specify</i>) | |

Decedent of Hispanic or Haitian Origin? Yes (*If Yes, specify*) No

(*Specify if decedent was of Hispanic or Haitian Origin*)

Mexican Puerto Rican Cuban Haitian Central/South American Other Hispanic (*Specify*)

Decedent's Education (*Specify the decedent's highest degree or level of school completed at time of death.*)

- | | | |
|--|--|---|
| <input type="checkbox"/> 8 th or less | <input type="checkbox"/> High school but no diploma | <input type="checkbox"/> High school diploma or GED |
| <input type="checkbox"/> College but no degree | College degree (<i>Specify</i>): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate | |

Father's Name (*First, Middle, Last, Suffix*): _____

Mother's Name (*First, Middle, Maiden Surname*): _____

Informant's Name: _____ Relationship to Decedent: _____

Informant's Mailing - State: _____ City or Town: _____

Street Address: _____ Zip Code: _____

Phone No: _____

Medical History: (**Circle**): Operations: Gastrectomy Colostomy Hysterectomy Mastectomy Coronary By-Pass
Other Operations, serious illnesses or injuries: _____