

# Vital Personal Information

Please provide the following information. It is used for the completion of a death certificate. If you cannot determine an answer for an item, put "UNK" (unknown) in the space provided.

**Bring this form with you to the funeral home.  
Chapel of the Valley, 97 Vernon Street, Roseville, California. 916-797-1448**

All answers pertain to the deceased. Accuracy is important.

<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
<b>Current Address</b>			<b>City</b>		<b>State &amp; Zip Code</b>
<b>County of Residence</b>			<b>How Long Have You Lived in This County</b>		
<b>Home Phone</b>		<b>Mobile Phone</b>		<b>Email Address</b>	
<b>Date of Birth</b>			<b>Place of Birth</b>		
<b>Male</b> ____ <b>Female</b> ____		<b>Race</b>		<b>Hispanic?</b> YES ____ NO ____	
<b>Marital Status (check one)</b> Never Married ____ Married ____ Divorced ____ Widowed ____			<b>If married, Full Name Of Spouse (including maiden name)</b>		
<b>Social Security No.</b>		<b>Have you served in the Military?</b> YES ____ NO ____		<b>If YES, what branch?</b>	
<b>Education (circle one)</b> 1 2 3 4 5 6 7 8 9 10 11 12 HS Grad Some College Associate's Bachelor's Master's Doctorate					
<b>Occupation</b> (Do not use "Retired")			<b>How Long? (Yrs.)</b>		<b>Kind of Business</b>
<b>Full Name of Father</b>				<b>State or Country of Birth</b>	
<b>Full Name of Mother (include maiden name)</b>				<b>State or Country of Birth</b>	
<b>Name of Your Current Doctor</b>		<b>Phone No.</b>		<b>Address</b>	
<b>Your Next Of Kin</b>		<b>Phone Number</b>		<b>City &amp; State where they live</b>	
<b>You May List More Than One Person</b>					

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