

Vital Information Form

Full Name (first, middle, last) _____

Place of Birth (City, state) _____

Birthdate _____ Social Security Number _____

U.S. Veteran Yes / No - Branch _____ Education Completed _____

Race _____ Hispanic Origin Yes / No - Specify _____

Resident Address _____

Length at Residence - Yrs / Mths _____ Tribal Reservation _____

Usual Occupation (do not use retired) _____

Type of Industry of Occupation _____

Marital Status _____ Is Residence within City Limits _____

If Spouse is Surviving - Give full legal name (first, middle, maiden)

Fathers Full Name _____

Mothers Full Name with Maiden Name _____

Next of Kin Full Name _____

Relationship of Next of Kin _____

Address of Next of Kin _____

Phone Number of Next of Kin _____

Alternative Number _____

Current Doctor, Phone, Address _____

Embalming Authorization Yes / No (Necessary for Public Viewing and/or Shipping)

Disposition - Burial - What Cemetery _____

Disposition - Cremation _____

Return to:

Forest Funeral Home, 2501 Pacific Avenue Olympia, WA 98501

360-943-6363