



My Vital Statistics

Please provide us with your vital statistics

Legal name (including maiden name): _____

Current address: _____

Phone: _____ Email: _____

Date of birth: _____ Place of birth: _____

Mother's name (including maiden): _____

Father's name: _____

Social Security Number: _____ Sex: Male Female

Race: _____

Marital status: Married Widowed Divorced Never married Separated

Spouse's full name: _____

Spouse's phone number, if different: _____

Date and place of marriage: _____

What would you like us to know about you?

Occupation: What type of work did you do most of your working life?

(Please don't list "retired"): _____

Religion or church affiliation: _____

Clubs, organizations and other information: _____

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Education: What is the highest degree or level of education you have completed?

What school (s) did you attend? _____

Are you a veteran? Yes No

If yes, please provide details: _____

Branch of service: _____ Serial number: _____

Rank: _____ Theater(s) of service: _____

Relatives (besides spouse, if listed above)

Name	Relationship	City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____