



## 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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What school (s) did you attend?

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Are you a veteran?  Yes  No

If yes, please provide details:

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Branch of service:

Serial number:

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Rank:

Theater(s) of service:

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Relatives (besides spouse, if listed above)

Name

Relationship

City, State

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