

Vital Information

Legal Name:

Nickname:

Sex:

Social Security Number:

Date of Birth:

Birthplace:

Residence State:

Residence County:

Residence City or Town:

Residence Street & Number:

Residence Zip Code:

Residence within City Limits:

Ever In US Armed Forces:

Date of Entry into Armed Forces:

Date of Discharge from Armed Forces:

Honorable Discharge:

Marital Status:

Surviving Spouse:

If wife Maiden Last Name:

Fathers Name :

Mothers Maiden Name:

Education Level:

Hispanic Origin:

If other Hispanic Origin Specify:

Race:

If other Race Specify:

Occupation:

Kind of Business/Industry:

Name of Employer or Self Employed:

Locality of Employer or Own Business:

Vital Information

Spouse

Children

Grandchildren

Great Grandchildren

Siblings

Additional Family
