

# *Vital Information*

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**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:**

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