

Colma Cremation and Funeral Services

7747 El Camino Real
Colma, California 94014

Telephone 650-757-1300
Fax 650-757-7901

VITAL STATISTICS RECORD

Name: _____
First Middle Last

Also Known As: _____

Date of Birth: _____ Sex: (*Check One*)
Male Female

State or Country of Birth: _____ Social Security Number: _____

Military Status: _____ Branch: _____ Rank: _____ Years: _____
No Yes

Marital Status at Time of Death:
Married Widowed Divorced Never Married

Years of Education: _____ Degree Earned: _____

Hispanic/Spanish/Latino: _____ (If Yes,) Specify: _____ Race: _____
No Yes

Occupation (Prior to Retirement): _____

Type of Business or Industry: _____ Years in Occupation: _____

Decedent's Residence: _____
Street Address City
_____ Years Residing in County: _____
County State Zip Code

Informant's Name: _____ Relationship: _____

Informant's Mailing Address: _____
Street Address City State Zip Code

Spouse: _____
First Middle Maiden/Last

Father: _____
First Middle Last

Father's Place of Birth: _____

Mother: _____
First Middle Maiden

Mother's Place of Birth: _____

Final Place of Disposition: _____