



933 GIST AVENUE • LOWER LEVEL • SILVER SPRING, MD 20910

Vital Information

Name of Deceased: _____

Maiden Name: _____

Residence Address: _____

Inside City Limits?: _____

County of Residence: _____

Social Security #: _____

Date of Birth: _____

City of Birth: _____

Marital Status: _____

Spouse's (Maiden) Name: _____

Citizenship: _____

Years of Education & Degree: _____

Veteran? Years of Service: _____

Race: _____

Hispanic Origin?/Country: _____

Lifetime Occupation: _____

(NOT "retired")

Type of Business: _____

Father's Name: _____

Mother's Maiden Name: _____

Cemetery Name/Place: _____

Informant/Relation: _____

(name, address, phone)
