

# Thomas S. Lowther



## FUNERAL HOME & CREMATORY

1. DECEDENT'S NAME (First, Middle, Last, Suffix)								2. SEX			
3. DATE OF BIRTH (Month, Day, Year)			4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR Months      Days		4c. UNDER 1 DAY Hours      Minutes		5. DATE OF DEATH (Month, Day, Year)		
6. SOCIAL SECURITY NUMBER			7. BIRTHPLACE (City and State or Foreign Country)				8. COUNTY OF DEATH				
9. PLACE OF DEATH (Check only one)		HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
10. FACILITY NAME (If not institution, give street and number)						11a. CITY, TOWN OR LOCATION OF DEATH			11b. ZIP CODE OF DEATH		
12a. DECEDENT'S RESIDENCE - STATE			12b. COUNTY			12c. CITY, TOWN, OR LOCATION					
12d. STREET AND NUMBER						12e. APT. NO.		12f. ZIP CODE		12g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. MARITAL STATUS AT TIME OF DEATH (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married						14. SURVIVING SPOUSE'S NAME PRIOR TO FIRST MARRIAGE (If applicable)					
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired"						15b. KIND OF BUSINESS/INDUSTRY					
16. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Not of Hispanic/Haitian Origin <input type="checkbox"/> Unknown if Hispanic/Haitian Origin Yes, of Hispanic/Haitian Origin (Select one): <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian											
17. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)								19a. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree								19b. IF YES, DID A SERVICE-RELATED DISABILITY CONTRIBUTE TO THE VETERAN'S DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)						21. MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)					
22a. INFORMANT'S NAME						22b. RELATIONSHIP TO DECEDENT			23a. INFORMANT'S MAILING - STATE		
23b. CITY OR TOWN			23c. STREET AND NUMBER						23d. ZIP CODE		
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)				25a. LOCATION - STATE				25b. LOCATION - CITY OR TOWN			

VITAL STATISTICS

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