

# Vital Statistics

# Personal Family Data

Pertaining to

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Prepared \_\_\_\_\_



Disabled American Veterans  
& DAV Auxiliary  
P.O. Box 14301  
Cincinnati, OH 45250-0301  
[www.dav.org](http://www.dav.org)

It's in the interest of every veteran's family to collect the information that's needed in the event of his or her death or incapacity. That information is detailed in the following pages. Once this document is filled out completely, it should be stored in a safe place, and the veteran's next-of-kin should know of its location.

Maintaining this up-to-date record of the veteran's personal affairs and wishes can provide an invaluable service to his or her loved ones at the time of their greatest need.

The spouses of veterans can obtain additional copies of this booklet for use in gathering their own personal data by writing to the address on the cover.

## Vital Statistics And Historical Record

PLEASE PRINT

(This is a permanent document, use ink or an indelible pencil)

Full Name \_\_\_\_\_  
FIRST MIDDLE LAST

Social Security Number \_\_\_\_\_

Residence \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP CODE

Marital Status \_\_\_\_\_  
SINGLE MARRIED WIDOWED SEPARATED DIVORCED

Name of Spouse. If wife, enter maiden name.

\_\_\_\_\_

Occupation of Spouse \_\_\_\_\_

Date of your Birth \_\_\_\_\_  
DAY MONTH YEAR

Birthplace \_\_\_\_\_  
CITY OR TOWN STATE OR COUNTRY

Citizen of what Country \_\_\_\_\_

Usual Occupation \_\_\_\_\_

Number of years in this Occupation \_\_\_\_\_

Industry or Business \_\_\_\_\_

Active or Retired \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Birthplace \_\_\_\_\_  
STATE OR COUNTRY

Mother's Maiden Name \_\_\_\_\_

Mother's Birthplace \_\_\_\_\_  
STATE OR COUNTRY

## My Preferences For Memorial Services

Religious Denomination \_\_\_\_\_

Name of Clergyman or Reader Preferred

\_\_\_\_\_

Church or Congregation \_\_\_\_\_

Location \_\_\_\_\_  
STATE ZIP CODE TELEPHONE NUMBER

My remains are to be (Circle one) Buried Cremated Donated

## Newspaper Notice

My name as it should appear in the notice \_\_\_\_\_

What local newspaper \_\_\_\_\_

Lawyer's name and address \_\_\_\_\_

Executor's name and address \_\_\_\_\_

## Military Service And Department Of Veterans Affairs (VA) Information

Date of Enlistment \_\_\_\_\_ Place \_\_\_\_\_

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

Service No. \_\_\_\_\_

Military Job Specialty \_\_\_\_\_

Geographic Area of Service \_\_\_\_\_

Awards and Decorations \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Place \_\_\_\_\_

VA Claim No. \_\_\_\_\_ Compensation % \_\_\_\_\_

Pension Amount \_\_\_\_\_

Type of Disability \_\_\_\_\_

## Name of DAV Chapters Or Auxiliary Units

Name and address of personal lawyer or trusted friend who  
may be consulted in regard to my personal or business affairs:

NAME OF LAWYER OR FRIEND

PHONE NUMBER

## Family Records Location

Birth certificates or other proof of date of birth of self and of each member of immediate family (required by insurance companies and Social Security Administration).

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Naturalization papers (and number) \_\_\_\_\_

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Marriage certificate (necessary in order to establish claims for certain payments and benefits and in connection with the will, also Social Security and VA benefits) \_\_\_\_\_

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Divorce decree, death certificates, or certified copies thereof ( in case of either spouse)

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## Other Important Papers

Will:

I have executed a will                       I have not executed a will

Will located at \_\_\_\_\_

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Land Deeds \_\_\_\_\_

Home Mortgage \_\_\_\_\_

Automobile Title \_\_\_\_\_

Other

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**Power of Attorney:**

a. I have executed a power of attorney  I have not

b. Executed a power of attorney dated \_\_\_\_\_  
MONTH DAY YEAR

naming \_\_\_\_\_  
AGENT OR ATTORNEY IN FACT

ADDRESS \_\_\_\_\_

**Income Tax:**

a. Copies of my federal tax returns and related papers are located at \_\_\_\_\_

b. Copies of \_\_\_\_\_ income tax returns and  
NAME OF STATE  
related papers are located at \_\_\_\_\_

**Other Taxes:**

a. Copies of \_\_\_\_\_ income tax returns and  
PROPERTY, ETC.  
related papers are located at \_\_\_\_\_

**Insurance**

I have the following types of life insurance:

Government  Commercial  Both

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Amount \_\_\_\_\_

Payment Option \_\_\_\_\_

The policies are located at \_\_\_\_\_

Premium receipts are located at \_\_\_\_\_

**Bank Accounts**

Type of account \_\_\_\_\_  
CHECKING OR SAVINGS; JOINT OR INDIVIDUAL

located in \_\_\_\_\_  
NAME AND LOCATION OF BANK

Account No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of account \_\_\_\_\_  
CHECKING OR SAVINGS; JOINT OR INDIVIDUAL

located in \_\_\_\_\_  
NAME AND LOCATION OF BANK

Account No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Add as many similar entries as may be required to show all bank accounts)

**Safe Deposit Box**

Name of bank or trust company \_\_\_\_\_

Address \_\_\_\_\_

Location of key \_\_\_\_\_

**United States War Or Saving Bonds**

WHERE LOCATED \_\_\_\_\_

Person designated as \_\_\_\_\_  
CO-OWNER BENEFICIARY

List War and Savings bonds by serial numbers, denominations and location:

\_\_\_\_\_  
THIS IS NECESSARY TO REPLACE LOST BONDS

**Stocks And Bonds And Securities Owned**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Memorandum

Enter any additional data desired regarding your affairs and instructions to dependents, etc., not previously covered.

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## Names And Addresses Of Family Members Or Friends To Be Notified By My Family

Name, Relationship, Street Address, City, State, Telephone

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Should you, or members of your family, have a question or an emergency, please contact your Disabled American Veterans National Service Officer. If you're not sure of the address or phone number of your nearest DAV National Service Office, please write or call:

National Service Department  
**DISABLED AMERICAN VETERANS**  
807 Maine Ave., S.W.  
Washington, DC 20024  
Phone: (202) 554-3501  
[www.dav.org](http://www.dav.org)