



# GRANT-JOHNSON

FUNERAL HOMES & CREMATORY

## Vital Statistics

Name of Deceased (First, Middle, Last) + Maiden Name if Female

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace (City and State or Country) \_\_\_\_\_

Social Security# \_\_\_\_\_

Decedent's Residence Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ (if immigrated, how many years in U.S.) \_\_\_\_\_

Veteran of U.S. Armed Forces ☐ Yes ☐ No Branch \_\_\_\_\_

Race of Decedent (Check one or more) ☐ American Indian/Alaskan Native (Specify) \_\_\_\_\_

☐ White ☐ Black or African American ☐ Filipino ☐ Korean ☐ Other Pacific Islander(Specify) \_\_\_\_\_

☐ Asian Indian ☐ Chinese ☐ Samoan ☐ Vietnamese ☐ Other Asian (Specify) \_\_\_\_\_

☐ Native Hawaiian ☐ Latino/Hispanic (Specify): \_\_\_\_\_ ☐ Japanese ☐ Unknown ☐ Other \_\_\_\_\_

Usual or Last occupation (Do Not List Retired) \_\_\_\_\_

Kind of Industry \_\_\_\_\_

Highest Level of Education(Completed) Elem/Secondary (0-12) # \_\_\_\_\_ ☐ H.S. Diploma ☐ GED Years of College# \_\_\_\_\_

☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate/Professional ☐ Unknown

Marital Status: ☐ Married ☐ Never Married ☐ Married but Separated ☐ Widowed ☐ Divorced

If married, separated, widowed: Name of Spouse \_\_\_\_\_

Full Name of Decedent's Father \_\_\_\_\_

Full Name of Decedent's Mother \_\_\_\_\_ Maiden Name \_\_\_\_\_

### Name of Informant

Person providing this Vital Statistical information \_\_\_\_\_

Informant Phone Number \_\_\_\_\_

Relationship to decedent \_\_\_\_\_

Complete Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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