



NAGS HEAD, NC

MAINLAND, DARE COUNTY

GALLOP FUNERAL SERVICES, INC.

Vitals Form

Name of Deceased: _____

Date of Death / Time of Death: _____

Place of Death: _____

Date of Birth: _____

SSN#: _____

Home Address: _____

Race: _____ Sex: _____ Hispanic: _____

Birth Place of Deceased (County/City & State): _____

Maiden Name of Deceased: _____

Occupation (Do not use Retired): _____

Industry: _____

Veteran: _____ Active Duty _____ Branch: _____ Dates Service: _____

Education (Highest Completed): _____

Father's Name: _____

Mother's Name (Maiden): _____

Spouse Name (If wife then Maiden): _____

Name of Doctor: _____

NAME OF INFORMANT: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Notes:

Office: (252) 449-8695

Cell: (252) 216-8030

Fax: (252) 255-1667

Email: courtney@gallopfuneralservices.com

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