Montana Mental Health Nursing Care Center
Vital Statistics for Funeral Homes

Resident (Include middle name): _____

Father's Name (First, Middle, Last):_____

Mother's Name (First, Middle, Maiden Name): _____

Education: _____

Ancestry: Mexican Puerto Rican Cuban African English Irish German Etc.):

Surviving Spouse (If wife give maiden name):_____

Occupation (Include type of business/industry):_____