

Information For Death Certificate

Legal Name of Deceased (First, Middle, Last) _____

Maiden Name _____ Date of Death _____ Sex _____

Date of Birth _____ Age _____ Birth Place (City and State) _____

Social Security Number _____

Marital Status (Married, Never Married, Widowed, Divorced) _____

Surviving Spouse _____

Residence Address _____ Apt # _____

City _____ County _____ State _____ Zip Code _____

Father's name _____

Mother's Name Prior to first Marriage _____

Death Occurred (circle one):

In Patient ER DOA Hospice Facility Nursing Home Decedent's Home Other (Specify)

Place of Death (Name, City, State) _____

Informant's Name and Relationship to Deceased _____

Mailing Address of Informant (Street and Number, City, State, Zip Code)

Method of Disposition: Burial _____ Cremation _____ Removal From State _____

Place of Disposition _____ City, Texas _____

Decedent's Education (Highest Grade Attained) _____ Race _____

Ever in U S Armed Forces (Yes or No) Branch _____ Ever a Peace Officer (Yes or No) _____

Decedent's Usual Occupation _____ Type of Business/Industry _____