



Death Certificate Information Form

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last)				(Maiden)		2. DATE OF DEATH (Actual or Presumed)	
3. SEX		4. DATE OF BIRTH		5. AGE (Years)		6. BIRTHPLACE (City & State or Foreign Country)	
7. SOCIAL SECURITY NUMBER			8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE (If wife, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS				10b. APT NO.		10c. CITY OR TOWN	
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. FATHER'S NAME				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE			
13. PLACE OF DEATH (Check only one) DEATH OCCURED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA DEATH OCCURED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
14. COUNTY OF DEATH		15. CITY/TOWN (If outside city limits, give precinct no.)			16. FACILITY NAME (If not institution, give street address)		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
43. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th -12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> AA, AS <input type="checkbox"/> BA, AB, BS <input type="checkbox"/> MA, MS, MEng, MEd, MSW, MBA <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Some college credit, but no degree							
45. DECEDENT'S RACE		46. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Military: _____ Serial number of discharge papers or adjusted service certificate: _____					
47. EVER A PEACE OFFICER IN THIS STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No		48. OCCUPATION (List last applicable occupation. Do not list "Retired")			49. TYPE OF BUSINESS OR INDUSTRY		

By signing below I agree that all information listed above is true and accurate. I have also verified that spellings and dates are correct. I understand that the state of Texas charges a fee of \$15 for the amendment to correct the death certificate. There will also be additional fees if I need to re-purchase corrected death certificates from the State. I understand that I will be responsible for paying these fees if any errors needing to be corrected are a result of inaccurate information, misspellings, or incorrect dates on this document. I also understand that any such corrections could take up to six months to be corrected at the State Bureau of Vital Records in Austin.

Signature

Print Name

Relation

Date