



Vital Statistics for Death Certificate

First _____ Middle _____ Last _____ Maiden _____

Suffix _____ Date of Death _____ Social Security Number _____

Gender: Male _____ Female _____ Date of Birth _____ Age _____

Race _____ Was the Deceased of Hispanic Origin? Yes _____ No _____ Nationality _____

Birthplace: State/Country _____ City: _____

Marital Status: Widowed _____ Divorced _____ Never Married _____ Married _____

Spouse: First _____ Middle _____ Last _____ Maiden _____

Deceased Address: _____ Apt.# _____ City _____

State _____ Zip _____ County _____ Inside City Limits: Yes _____ No _____

Father's Name: First _____ Middle _____ Last _____

Mother's Name: First _____ Middle _____ Maiden _____

Education: 8th grade or less _____ 9th-12th (no diploma) _____ High School graduate or GED _____

Some College Credit, but No Degree _____ Associates _____ Bachelors _____ Masters _____

Doctorate _____ Unknown _____

Usual Occupation _____ Type of Industry _____

Police Officer in Texas: Yes _____ No _____ Armed Forces: Yes _____ No _____ Branch of Service _____

Place of Death: Decedent's Home _____ Hospital-Inpatient _____ Hospital-ER/Outpatient _____ Hospital-DOA _____

Hospice Facility _____ Nursing Home/Long Term Care Facility _____ Other-(Specify) _____

County _____ City/Zip _____ Hospital/Institution _____

Informant's Name: First _____ Last _____

Informant's Relationship to Deceased: _____

Informant's Address: _____ Apt# _____ City _____

State: _____ Zip: _____ Phone: _____

Email Address _____

NUMBER OF D/C ORDERED: _____ = \$ _____ **DEATH CERTIFICATES ARE \$21/FIRST COPY - \$4/EACH ADDITIONAL ORDERED AT THE SAME TIME.**

*****OFFICE USE ONLY*****

Time of Death _____ **AM** _____ **PM** _____ **EDR Number** _____

ATTENDING PHYSICIAN: _____

ADDRESS: _____

PHONE #: _____