

# 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: 8<sup>th</sup> grade or less \_\_\_\_\_ 9<sup>th</sup>-12<sup>th</sup> (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 \_\_\_\_\_

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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.**

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

**Time of Death** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **EDR Number** \_\_\_\_\_

**ATTENDING PHYSICIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

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