



VITAL STATISTICAL INFORMATION FOR TEXAS DEATH CERTIFICATE

PLEASE PRINT LEGIBLY
LEGAL NAMES NO NICKNAMES

Date of Death: Social Security Number:
First Name: Middle Name:
Last Name: Suffix: Maiden Name:
Date of Birth: Age: Gender: Male Female
Birthplace: City State/ Country
Marital Status: Widowed Divorced Never Married Married
Surviving Spouse: First Middle Last Maiden
Deceased Address: 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 no degree Associate Bachelor's Master's Doctorate Trade
Usual Occupation: Type of Industry:
Ever a Police Officer in Texas: Yes No
Ever in the Armed Forces: Yes No Which Branch:
Hispanic: Yes No Race:

Informants Relationship to Deceased:
Informants Name: First Last
Informants Address: City:
State: Zip: Phone:
Email Address for contract review:
Place of Death:
City: Zip: County:

*Certified copies of the Death Certificates are \$21 for the 1st copy and \$4 for each additional copy.
How many, if any, certified copies of the death certificate will you need?

Please FAX ALL COMPLETED FORMS TO 877-800-1150