

STATE OF TEXAS CERTIFICATE OF DEATH WORKSHEET

This information is required to complete the Death Certificate. Incomplete information will delay the filing of the Death Certificate. If you do not know the information write "Unknown". You will be given a chance to complete the information prior to filing. This is the statement that is on the Death Certificate: WARNING - The penalty for knowingly making a false statement in this form can be 2 -10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

- 1a. Legal name of deceased (include AKA's if any) (First, Middle, Last) (Jr., Sr., II, III, etc.)

- 1b. if the deceased is female give the Maiden name _____
- 2. Sex (check one) _____ male _____ female 3. Date of Birth _____
- 4. Birthplace (City & State or Foreign Country) _____
- 5. Social Security Number (if none write "NONE") _____
- 6. Marital Status at Time of Death (check one) _____ married _____ widowed _____ divorced
_____ never married _____ unknown
- 7. Surviving Spouse (if wife, give name prior to first marriage)

- 8. Residence street address of deceased _____
- 9. Apartment number _____ 10. City or Town _____
- 11. County _____ 12. State _____ 13. Zip Code _____
- 14. Inside city limits (check one) _____ yes _____ no _____ unknown
- 15. Father's name _____
- 16. Mother's name prior to first marriage _____
- 17. Informant's name _____
- 18. Informant's relationship to the deceased _____
- 19. Mailing address of Informant _____

20. Decedent's Education (check one) _____ 8th grade or less _____ 9th - 12th grade, no diploma
_____ High School Graduate or GED completed _____ Some College Credit, but no degree
_____ Associate degree _____ Bachelor's degree _____ Master's degree _____ Doctorate

21. Is the decedent of Hispanic Origin? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino

_____ No, not Spanish, Hispanic/Latino _____ Yes, Mexican, Mexican American, Chicano

_____ Yes, Puerto Rican _____ Yes, Cuban

_____ Yes, other Spanish/Hispanic/Latino (specify) _____

22. Decedent's Race (Check one or more races to indicate what the decedent considered himself or herself to be) _____ White _____ Black or African American

_____ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____

_____ Asian Indian _____ Chinese _____ Filipino _____ Japanese _____ Korean

_____ Vietnamese _____ Samoan _____ Other Asian (Specify) _____

_____ Native Hawaii _____ Guamanian or Chamorro

_____ Other Pacific Islander(Specify) _____

_____ Other (Specify) _____

23. Ever in the U.S. Armed Forces (check one) _____ yes _____ no

If yes, what branch? _____

24. Ever a Peace Officer in this State? (check one) _____ yes _____ no

25. Decedent's usual occupation (indicate the type of work done during most of working life. (DO NOT USE RETIRED) _____

26. Type of Business/Industry _____

Please give us your name _____, your relationship _____

and the best phone number(s) to contact you _____