

EMAIL FORM TO: LegendsFuneralHome@gmail.com or FAX TO: 512-692-1919

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 (select 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 (select 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 (select 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 (select one) unknown 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? (Select the choice that best describes whether the decedent is Spanish/Hispanic/Latino. Select 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 (Select 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 (select one) yes no unknown

If yes, what branch? (select one or more)

USMC US Army US Air Force US Navy US Coast Guard

24. Ever a Peace Officer in this State? (select one) yes no unknown

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) and email address to contact you _____

How many Death Certificates will you need? _____ To be decided