

LEGENDS Director _____
Statistical Data Form EDR _____
TCME DO NOT START TER TER OSIRIS

First Name _____ Middle Name _____

Last Name _____ Maiden Name _____

Suffix _____ AKA's _____

Date of Death _____ Time of Death _____ AM/PM MALE FEMALE

Date of Birth _____ Age _____ Place of Birth _____

Married **Widowed** Divorced **Never Married** Unknown SSN _____

Surviving Spouse (with maiden) _____

Residence Address _____ Apt# _____

City/Town _____ County _____ State _____ Zip _____

Inside City Limits? Y N Father's Name _____

Mother's Name (with maiden) _____

If death occurred in a hospital: Inpatient **ER/Outpatient** DOA

Hospital/Facility Name _____

If death occurred somewhere other than a hospital: Hospice Facility **Nursing Home** Decedent's Home or
Other

Address _____

City & Zip _____ Inside City Limits? YES NO

If No give Precinct Number _____ County: TRAVIS BEXAR Other: _____

Education: 8th grade or less **9th – 12th no diploma** HS or GED **Some College no Degree**

Associate's **Bachelor's** Masters **Doctorate** Unknown

Armed Forces: Y N Branch: USMC ARMY AIR FORCE NAVY COAST GUARD

Texas Peace Officer: Y N

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) _____

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) _____

Occupation _____ Industry _____

Method of Disposition: Burial Cremation Ship-Out

Place of Disposition: _____

If fetal remains: less than 350 grams greater than 350 grams Stillbirth Live Birth

Informant _____ Relationship _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

e-mail address _____

Certifier: Certifying Physician **TCME (do not start TER)** BCME Justice of the Peace

Name of Certifier _____

Address of Certifier _____

ph. _____

Is Certifier on TER? Y N **JP/ME Crem. Auth. needed?** Y N **BTP needed?** Y N

Number of DC's _____ Registrar _____

1-21, 2-25, 3-29, 4-33, 5-37, 6-41, 7-45, 8-49, 9-53, 10-57, 11-61, 12-65, 13-69, 14-73, 15-77, 16-81

17-85, 18-89, 19-93, 20-97, 21-101, 22-105, 23-109, 24-113, 25-117, 30-137, 35-157, 40-177, 45-197, 50-217

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