ENT OF STATE HEALTH SERVICES – VITAL STATISTICS UNIT

STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER**

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last)				(Maiden)			2. DATE OF DEATH – ACTUAL OR PRESUMED
3. SEX	4. DATE OF BIRTH	5. AGE-Last Birthday (Years)	IF UNDER 1 YR: MO	DAYS	IF UNDER 1 DAY: HOURS	MIN	6. BIRTHPLACE (City & State or Foreign Country)
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown						9. SURVIVING SPOUSE (If wife, give name prior to first marriage)
10a. RESIDENCE STREET ADDRESS					10b. APT NO		10c. CITY OR TOWN
10d. COUNTY	10e. STATE		10f. ZIP CODE				10g. INSIDE CITY LIMITS? ☐ Yes ☐ No
11. FATHER'S NAME			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE				

13. PLACE OF DEATH (CHECK ONLY ONE)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA	IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)	
14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (If outside city limits, give precinct no)	16. FACILITY NAME (If not institution, give street address)
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	