

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 Hawaiian
☐ 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 _____