

Vital Records Information

One of the services we will be providing for you is preparing, filing, and securing certified copies of the death certificate. The following is a list of information we are required to report. To save you time when we get together, you may choose to gather this information in advance. If you do, please bring this form with you or you may fax or email it back to us in advance of our meeting. Please print clearly.

Fax: 903-693-2340

Email: jimersonlipsey@yahoo.com

Legal Name (First, Middle, Last): _____

Date of Birth: _____ City & State or Country of Birth: _____

Name on Social Security Card if different: _____

Social Security Number: _____

Current Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married

Surviving Spouse (First, Middle, Last, Maiden): _____

Residence Street Address: _____ Apt. #: _____

City or Town: _____ County: _____ State: _____

Zip Code: _____ Is Residence inside the City Limits: ☐ Yes ☐ No

Father's Name (First, Middle, Last): _____

Mother's Name (First, Middle, Maiden): _____

Highest Education Completed: _____

Race: ☐ White ☐ Black or African American ☐ Other (specify): _____

If of Hispanic Origin: ☐ Spanish, Hispanic/Latino ☐ Mexican, Mexican

American/Chicano ☐ Puerto Rican ☐ Cuban ☐ Other (specify): _____

Ever in Armed Forces: ☐ No ☐ Yes (If possible, please bring Form DD 214/ Military

Discharge Document with you) If yes, what Branch: _____ Years of Service _____

Ever a Peace Officer in Texas: _____

Usual Occupation: _____ What Industry: _____

How Many Certified Death Certificates will you need us to order for you? _____

(\$21 for the first DC and \$4 for each additional copy thereafter. Black and white copies are free)

Name of Person making the Funeral Arrangements: _____

Address: _____

Telephone Numbers: _____