

**Legal Name of Decedent:** \_\_\_\_\_  
(last) (first) (middle) (suffix)

Sex: m \_\_\_\_\_ f \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Never Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Unknown: \_\_\_\_\_ Veteran: \_\_\_\_\_

Race: White \_\_\_\_\_ Black \_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

*If Hispanic:* Mexican \_\_\_\_\_ Cuban \_\_\_\_\_ Brazilian \_\_\_\_\_ Puerto Rican \_\_\_\_\_

Home Address of Deceased – Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ in city limits? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, Pct #: \_\_\_\_\_

**Date of Death:** \_\_\_\_\_ **Time of Death:** \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address of Facility: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ in city limits? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, Pct #: \_\_\_\_\_

Inpatient \_\_\_\_\_ ER/Outpatient \_\_\_\_\_ DOA \_\_\_\_\_ Nursing Home \_\_\_\_\_ Residence \_\_\_\_\_

Hospice Facility \_\_\_\_\_ Other (specify) \_\_\_\_\_ Phone @ Facility \_\_\_\_\_

*Actual Location of Deceased (if different than place of death):*

**Facility Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Next of Kin** \_\_\_\_\_ Maiden (if wife) \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing address of NOK – Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Deceased: Date of Birth** \_\_\_\_\_ **City & State of Birth** \_\_\_\_\_

*Deceased Occupation while working:*

**Position** \_\_\_\_\_ **Type of Industry** \_\_\_\_\_

8th grade or less \_\_\_\_\_ 9th-12th grade, no diploma \_\_\_\_\_ GED or HS Diploma \_\_\_\_\_

Some college/ no degree \_\_\_\_\_ Associate's \_\_\_\_\_ Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_ Doctorate \_\_\_\_\_

**Deceased Fathers Name:** \_\_\_\_\_

**Deceased Mothers Name:** \_\_\_\_\_ **Maiden:** \_\_\_\_\_

**If Veteran, Branch?:** \_\_\_\_\_ **War service?:** \_\_\_\_\_

**Date Entered Service:** \_\_\_\_\_ **Date of Discharge from service:** \_\_\_\_\_

**Was the Deceased ever a Texas Peace Officer:** \_\_\_\_\_