

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: _____