

CAPITAL MORTUARY SERVICES (CMSATX)201 VICTOR ST
Austin, TX 78753

www.cmsatx.com

O: 512.373.8467 | F: 512.960.4234

E: info@cmsatx.com

Information For Death Certificate

| | | | | |
|--|----------------|---------------------|--|---|
| DECEASED FIRST NAME: | | MIDDLE NAME: | LAST NAME: | MAIDEN NAME: |
| SOCIAL SECURITY: | | | DATE OF DEATH: | TIME OF DEATH: <input type="checkbox"/> AM <input type="checkbox"/> PM |
| DATE OF BIRTH: | | AGE: | SEX: <input type="checkbox"/> UNKNOWN <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE | |
| BIRTH PLACE CITY: | COUNTY: | STATE: | CITY/COUNTRY (OUTSIDE OF THE US): | |
| MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED NOT REMARRIED <input type="checkbox"/> DIVORCED NOT REMARRIED <input type="checkbox"/> UNKNOWN | | | | |
| SPOUSE NAME: | | | | |
| DECEASED FULL ADDRESS: | | | | COUNTY: |
| FATHER NAME: | | MOTHER NAME: | | MOTHER MAIDEN NAME: |
| DEATH OCCURRED: <input type="checkbox"/> IN PATIENT <input type="checkbox"/> ER <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOSPICE <input type="checkbox"/> NURSING HOME <input type="checkbox"/> DESCENDANT HOME <input type="checkbox"/> OTHER: | | | | |
| PLACE OF DEATH: | | | | COUNTY: |
| INFORMANT NAME: | | | RELATIONSHIP TO DECEASED: | |
| INFORMANT FULL ADDRESS: | | | COUNTY: | |
| INFORMANT EMAIL: | | | INFORMAN NUMBER: | |
| METHOD OF DISPOSITION: <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> MAUSOLEUM | | | | |
| PLACE OF DISPOSITION NAME & ADDRESS: | | | COUNTY AND STATE: | |
| RACE/ETHNIC: <input type="checkbox"/> NOT SPANISH/HISPANIC/LATINO <input type="checkbox"/> YES, SPECIFY: _____ <input type="checkbox"/> UNKNOWN <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN (SPECIFY: _____) <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> GUAMANIAN/CHAMORRO <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY: _____) <input type="checkbox"/> OTHER: _____ | | | | |
| US ARMED FORCES <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH: NAME OF SERVICE _____ SERIAL NO OF DISCHARGE OR SERVICE CERTIFICATE: _____ NEXT OF KIN/FRIEND: _____ POST OFFICE: _____ | | | | PEACE OFFICER: <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MANY DEATH CERTIFICATE: PENDING: _____ WITH CAUSE: _____ |
| DECEDENT'S EDUCATION: <input type="checkbox"/> NO DIPLOMA <input type="checkbox"/> HIGH SCHOOL/GED/DIPLOMA <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE | | | | |