

Capital Mortuary Services (CMSATX)

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Information For Death Certificate

NAME OF DECEASED (LAST, MIDDLE, FIRST):		MAIDEN NAME:
SOCIAL SECURITY:	DATE OF DEATH:	TIME OF DEATH: AM PM
DATE OF BIRTH:	AGE:	SEX: <input type="checkbox"/> UNKNOWN <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
BIRTH PLACE (CITY COUNTY STATE COUNTRY):		
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:		
RESIDENCE ADDRESS (ADDRESS CITY COUNTY STATE COUNTRY):		
FATHER NAME:	MOTHER NAME (MAIDEN):	
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"/> DECEDENT HOME <input type="checkbox"/> OTHER _____		
PLACE OF DEATH (ADDRESS CITY COUNTY STATE COUNTRY):		
INFORMANT NAME:	RELATIONSHIP TO DECEASED:	
INFORMANT'S ADDRESS (INCLUDES CITY COUNTY STATE COUNTRY):		
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 CITY COUNTY STATE COUNTRY):		
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
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		
DECEDENT'S OCCUPATION:	TYPE OF BUSINESS/INDUSTRY:	
NUMBER OF DEATH CERTIFICATES TO ORDER: WITH CAUSE: _____ WITHOUT CAUSE: _____		
MAILING ADDRESS FOR DEATH CERTIFICATES:		