

Vital Statistics Form

Please complete the information below as it pertains to the person for whom arrangements are being made. This information is necessary to file the appropriate forms for Prearrangement contracts, Death Certificate and any permits required at the time of need.

Full Legal Name: (Including Maiden) _____

Address: _____

County of Residence: _____

Residence Inside City Limits?: Yes No

Date of Birth: __ - __ - ____

Place of Birth: City: _____ **State:** _____

Father's Full Name: _____

Mother's Full Name: (Including Maiden) _____

Marital Status: (Married, Divorced, Never Married or Widowed)

Name of Spouse: (Including Maiden) _____

Usual Occupation: _____ **Industry:** _____

(The Bureau of Vital Statistics will not accept "retired", we must have the occupation at the time of employment or "homemaker".)

Highest level of Education Obtained: _____

(i.e.: 9-12 grade, high school diploma or GED, some college, or highest level of college degree obtained.)

Social Security Number: _____

Name and Address of Physician: _____

Physician Phone Number: _____

Veteran: Yes No

Branch of Service: _____

Peace Officer in the State of Texas: Yes No

Informant's Full Name: _____

Relationship to Deceased: _____

Phone Number(s): _____

Email: _____

Address: _____