



INFORMATION FORM

Legal Name: _____

(If Female - Maiden Name):

Date of Birth: _____ **Date of Death:** _____

Time of Death: _____ **Place of Birth:** _____

Social Security No. _____ **Hispanic Origin (Specify)?** _____

Residence: _____ **Apt. No.** _____

City or Town _____ **County** _____ **State** _____ **Zip** _____

Tel. # _____ **Cell#** _____ **Inside City Limits?** Yes No

Marital Status (Circle One): Married Widowed Divorced Never Married Unknown

Surviving Spouse (If Female – Maiden): _____

Father's Name: _____

Mother's Name (Full Name-Maiden Name-Before First Marriage):

Informant's Name (Person Giving Information & Relationship):

Informant's Residence: _____ **Apt. No.** _____

City or Town _____ **County** _____ **State** _____ **Zip** _____

Tel. # _____ **Cell#** _____ **Inside City Limits?** Yes No

Decedent's Education: _____ **Armed Forces?** _____ **Ever a Peace Officer in This State?** Yes No

Usual Occupation: _____ **Business/Industry:** _____

PLEASE STATE THE NUMBER OF CERTIFIED DEATH CERTIFICATES REQUESTED:

No. Requested: _____

2000 Cypress Landing Dr. Houston, Texas 77090

TEL (281) 895-8811 Fax (281) 895-8707

(See Backside)



INFORMATION FORM

Preceded In Death By: _____

SURVIVING RELATIVES:

Spouse:

Children:

Parents:

Sisters:

Brothers:

Grandchildren:

Great Grandchildren:
