

Eternal Peace Funeral Services

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Information For Death Certificate

DECEASED FIRST NAME:		MIDDLE:	LAST:
MAIDEN NAME (If female):		DATE OF DEATH:	
DATE OF BIRTH:	AGE:	SEX:	
SOCIAL SECURITY:	BIRTH PLACE: (CITY STATE COUNTRY):		
RESIDENCE ADDRESS:			
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED/NEVER REMARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER			
SPOUSE NAME:			
FATHER NAME:	MOTHER NAME (INCLUDE MAIDEN IF KNOWN):		
DEATH OCCURRED: <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING <input type="checkbox"/> HOME <input type="checkbox"/> OTHER:			
PLACE OF DEATH:			
INFORMANT NAME (Person filling the form):		RELATIONSHIP TO DECEASED:	
INFORMANT EMAIL:		INFORMATION PHONE:	
INFORMANT ADDRESS:			
METHOD OF DISPOSITION: <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE:			
PLACE OF DISPOSITION (CEMETERY OR CREMATORY IF KNOWN):			
DECEDENT'S EDUCATION (HIGHEST EDUCATION):		RACE/ETHNIC:	
US ARMED FORCES : <input type="checkbox"/> YES <input type="checkbox"/> NO		BRANCH: _____	PEACE OFFICER: <input type="checkbox"/> YES <input type="checkbox"/> NO
DECEDENT'S OCCUPATION:		TYPE OF BUSINESS/INDUSTRY:	
NUMBER OF DEATH CERTIFICATE NEEDED: PENDING (MEDICAL EXAMINER): _____ WITH CAUSE (NATURAL DEATH): _____			
<i>If the Deceased is a Medical Examiner case, the initial death certificate may indicate PENDING cause of death. An amended death certificate with cause of death will be available at a later date. You will be charged for minimum of 1 pending death certificate as it is required by the State.</i>			
<input type="checkbox"/> I WILL PICK UP THE DEATH CERTIFICATE			
<input type="checkbox"/> MAIL THE DEATH CERTIFICATES TO: _____			