

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last) _____ (Maiden)					2. DATE OF DEATH - ACTUAL OR PRESUMED _____	
3. SEX _____	4. DATE OF BIRTH _____	5. AGE-Last Birthday (Years) _____	IF UNDER 1 YR MO _____ DAYS _____	IF UNDER 1 DAY HOURS _____ MIN _____	6. BIRTHPLACE (City & State or Foreign Country) _____	
7. SOCIAL SECURITY NUMBER _____		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE (If wife, give name prior to first marriage) _____		
10a. RESIDENCE STREET ADDRESS _____				10b. APT NO _____	10c. CITY OR TOWN _____	
10d. COUNTY _____		10e. STATE _____		10f. ZIP CODE _____		10g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME _____			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE _____			
13. PLACE OF DEATH (CHECK ONLY ONE)						
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____			
14. COUNTY OF DEATH _____		15. CITY/TOWN, ZIP (If outside city limits, give precinct no) _____		16. FACILITY NAME (If not institution, give street address) _____		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED _____			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) _____			
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify) _____		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH _____			21. _____ Section _____ Unknown Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) _____			23. LOCATION (City/Town, and State) _____			
24. NAME OF FUNERAL FACILITY _____			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) _____			

**INFORMATION ON BACK OF THE FORM MUST BE COMPLETED IF APPLICABLE**

INFORMATION BELOW IS FOR STATISTICAL PURPOSES ONLY AND IS NOT TO BE INCLUDED ON CERTIFIED COPIES

43. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)			44. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)			45. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)		
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			<input type="checkbox"/> No, not Spanish, Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____			<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <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"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____		
46. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		47. EVER A PEACE OFFICER IN THIS STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No		49. TYPE OF BUSINESS/INDUSTRY _____				
48. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)								

New Texas Death Certificate as of 1/1/06

Miller Mortuary needs prepayment prior to ordering any death certificates due to the cost of \$21/\$4. If prepayment is not received, the death certificate will be filed at zero copies and you are able to request them on your own.

Please contact us with any questions, 1-800-477-2150.

NUMBER OF COPIES: \_\_\_\_\_

MAIL COPIES TO: \_\_\_\_\_

**MILLER MORTUARY SERVICE**  
202 AVENUE Q  
LUBBOCK, TEXAS 79415

FAX # 806-763-8065