

Eternal Peace Funeral Services
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Information For Death Certificate

NAME OF DECEASED (LAST, MIDDLE, FIRST):		
MAIDEN NAME:	DATE OF DEATH:	TIME OF DEATH:
DATE OF BIRTH:	AGE:	SEX:
SOCIAL SECURITY:	BIRTH PLACE (CITY/STATE/COUNTRY):	
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER		
SPOUSE NAME:		
RESIDENCE ADDRESS:		
FATHER NAME:	MOTHER NAME (MAIDEN):	
DEATH OCCURRED: <input type="checkbox"/> IN PATIENT <input type="checkbox"/> ER <input type="checkbox"/> DOA <input type="checkbox"/> HOSPICE <input type="checkbox"/> NURSING HOME <input type="checkbox"/> DESCENDANT HOME <input type="checkbox"/> OTHER		
PLACE OF DEATH:		
INFORMANT NAME:	RELATIONSHIP TO DECEASED:	
ADDRESS:		
METHOD OF DISPOSITION: <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE:		
PLACE OF DISPOSITION:		
DECEDENT'S 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:	