

The Major Funeral Home & Chapel

Fax Form to: 214-988-1091

Phone: 817-608-0123

DEATH CERTIFICATE INFORMATION	
Date	
Deceased Name	(Maiden)
Address(City, State, Zip Code)	
Date of Death/ Time of Death	Date: Time:
Date of Birth	Age:
City and State of Birth	
Race	Was the descendent of Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Unknown
Surviving Spouse (If wife, give maiden name)	
Usual Occupation/ Industry	
Ever in Us Armed Forces	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list what branch of Service:
Highest Education Completed	
Father name	
Mother (maiden name)	
Informant	
Relationship	
Address (City, State, Zip Code)	
Phone #	
Name of Physician to sign DC	
Address (City, State, Zip Code)	
Phone #	