

# DFW Mortuary, LLC

2452 HWY 80 E., Mesquite, TX 75149  
 Phone # 972-807-6228 Fax # 972-807-6223

Please complete the following information for us to complete the Death Certificate

1. LEGAL NAME OF DECEASED (First, middle, last)					(MAIDEN)		2. DATE OF DEATH - <u>ACTUAL OR PRESUMED</u>	
3. SEX	4. DATE OF BIRTH	5. AGE	IF UNDER 1 YR	IF UNDER 1 DAY	6. BIRTHPLACE (City & state and County)			
			DAYS	HOURS	MINS			
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH: Unknown CI Married CWidowed CIDivorced CINever Married			9. SURVIVING SPOUSE (If wife, give maiden name)			
IOa. RESIDENCE STREET ADDRESS					10b. APT NO		IOC. CITY OR TOWN	
IOd. COUNTY			IOe. STATE		IOf. ZIP CODE		COUNTY	
11. FATHER'S NAME					12. MOTHER'S NAME (Maiden)			
13. PLACE OF DEATH (Check onl one)								
IF DEATH OCCURED IN A HOSPITAL: C]Inpatient DER/Outpatient C]DOA				IF DEATH OCCURRED SOMEWHERE OTHER THAN HOSPITAL: DHospice Facility CINursing Home C]Decedent's Home OOther (specify)				
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give PCT			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, ST, Zip)			
19. METHOD OF DISPOSITION C]Burial DCremation CIDonation C]Entombment C]Removal from State CIOther (specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			21. <span style="float: right;">C]Unknown</span> Section _____ Block _____ _____ Space			
22. PLACE OF DISPOSITION (Name of Cemetery or Crematory)			23. LOCATION (City/Town, State AND County)					
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, state, Zip code)					
NAME OF FUNERAL DIRECTOR			FUNERAL DIRECTOR LICENSE NUMBER					

<p>43. DECEDENT'S EDUCATION</p> <p>(Check the box that best describes the highest degree or level of school completed at the time of death)</p> <p>8<sup>th</sup> grade or less</p> <p>C] 9<sup>th</sup>-12<sup>th</sup> grade, no diploma</p> <p>C] High school graduate or GED completed</p> <p>CI Some college credit, but no degree</p> <p>C] Associate's degree (AA, AS)</p> <p>C] Bachelor's degree (BA, AB, BS)</p> <p>C] Master's degree (MA, MS, MEng, Med, MSW, MBA)</p> <p>C] Doctorate (PhD, EdD) or Professional degree (MD, DDS, DVM, LLB, JD)</p>	<p>44. DECEDENT OF HISPANIC ORIGIN?</p> <p>(Check the box that best describes the Origin. Check the "No" box if decedent is not of Hispanic origin)</p> <p>C] No, not Spanish, Hispanic/ Latino</p> <p>C] Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino</p> <p>Specify: _____</p>	<p>45. DECEDENT'S RACE (All that apply)</p> <p>White</p> <p>C] Black or African American</p> <p>C] American Indian or Alaska Native (Name _____ of _____ Tribe)</p> <p>CI Chinese _____ CI Asian Indian _____</p> <p>C] Filipino</p> <p>C] Japanese</p> <p>C] Korean</p> <p>C] Vietnamese</p> <p>C] Other Asian: _____</p> <p>C] Native Hawaiian</p> <p>C] Guamanian or Chamorro Samoan</p> <p>Pacific Islander: _____</p> <p>[J Other: _____</p>
<p>46. EVER BEEN IN US ARMED FORCES?</p>	<p>47. EVER BEEN A PEACE OFFICER IN THIS STATE?</p>	
<p>IF YES TO ARMED FORCES WHAT BRANCH</p>		
<p>48. DECEDENT'S USUAL OCCUPATION</p>	<p>49. TYPE OF BUSINESS/INDUSTRY</p>	