307 S. Bivins St. Amarillo, TX 79104 (806) 350-7688

Vital Statistic Information

Date of Death: _____ Time of Death: _____

Place of Death: _____
Facility name Address County

If hospital, inpatient/ Emergency-Outpatient/ DOA Room # _____

Dr./Judge signing D.C.: _____ # of D.C.'s requested: _____

Legal name of deceased: _____ _____ _____
First Middle Last

Sex: _____ Date of Birth: _____ Age: _____

Birthplace:_____ Social: _____ Marital Status: _____
City, State and County

Surviving Spouse Name (If wife give maiden name): _____

Residence Address: _____
Street Apt # City State Zip

County: _____ Inside City Limits? Yes/No

Father's Name: _____ Mother's name (maiden last) _____

Informant's Name: _____ Phone: _____

Address: _____
Street City State Zip

Method of Disposition: _____ Place of Disposition: _____

Date of Disposition: _____

Veteran: yes/no Peace officer: yes/no Highest Level of Education: _____

Usual Occupation: _____ Type of Industry: _____

Race: _____ if Hispanic, origin: _____