

INGRAM FUNERAL HOME
(ABBA CREMATION & MORTUARY SERVICES)
1462 E. Quinlan Parkway/P. O. Box 2218
Quinlan, Texas 75474
(903) 356-0700

DEATH CERTIFICATE INFORMATION FORM

_____ NUMBER OF DEATH CERTIFICATES NEEDED

1. DATE OF DEATH _____

2. SOCIAL SECURITY NUMBER _____

3. NAME OF DECEASED: _____
FIRST MIDDLE LAST MAIDEN

4. SEX: MALE FEMALE

5. DATE OF BIRTH: _____

6. AGE: _____

7. BIRTHPLACE _____
(City & State or Foreign Country)

8. RACE: _____

9. WAS THE DECEASED HISPANIC ORIGIN: YES NO

10. MARITAL STATUS: MARRIED WIDOWED DIVORCED NEVER MARRIED UNKNOWN

11. SURVIVING SPOUSE: _____
(If Wife, Give Maiden Name)

12. FATHER'S NAME: _____

13. MOTHER'S MAIDEN NAME: _____
FIRST MIDDLE LAST (Before Marriage)

14. RESIDENCE STREET ADDRESS (NO P.O. BOX) _____

COUNTY

CITY OR TOWN

ZIP CODE

15. IS ADDRESS INSIDE CITY LIMITS: YES NO

16. INFORMANT'S NAME: _____

17. RELATIONSHIP: _____

18. MAILING ADDRESS OF INFORMANT: _____

19. PHONE NUMBER: _____

20. EDUCATION: _____
(Specify Highest Grade Completed, Elementary or Secondary (0-12), College (13-16, 17+))

21. DECEASED USUAL OCCUPATION: _____
(If Retired, Occupation Before Retirement)

22. KIND OF BUSINESS OF INDUSTRY: _____

23. WAS DECEASED EVER IN U. S. ARMED FORCES? YES NO 24. IF YES, WHAT BRANCH? _____

25. PLACE OF DEATH (CHECK ONLY ONE)

HOSPITAL:

||

SOMEWHERE OTHER THAN HOSPITAL

INPATIENT ER/OUTPATIENT DOA

||

NURSING HOME HOSPICE FACILITY RESIDENCE

||

OTHER (SPECIFY) _____

26. PLACE OF DEATH _____
(If not a medical facility, give street address)

27. COUNTY OF DEATH _____

28. CITY/TOWN, ZIP CODE (If outside city limits, give precinct number) _____