

KIRK
Mortuary Service
of Houston

VITAL STATISTICS FORM

WE WILL NEED THIS TO BE COMPLETED FOR US TO GET PERMIT/DEATH CERTIFICATES.

PLEASE FAX BACK TO 713-869-8614

DATE OF DEATH _____ SOC.SEC # _____ - _____ - _____ GENDER _____

NAME OF DECEASED: FIRST _____ MIDDLE _____
LAST _____ SUFFIX _____ MAIDEN _____

BIRTH PLACE: STATE/COUNTRY _____ CITY _____

TIME OF DEATH: _____ AM/PM DATE OF BIRTH _____ AGE _____

MARITAL STATUS AT TIME OF DEATH: ___ DIVORCED ___ MARRIED
___ WIDOWED ___ NEVER MARRIED ___ UNKNOWN

SURVIVING SPOUSE'S NAME: FIRST _____ MIDDLE _____
LAST _____ SUFFIX _____ MAIDEN _____

FATHERS NAME: FIRST _____ MIDDLE _____ LAST _____

MOTHERS NAME: FIRST _____ MIDDLE _____ MAIDEN _____

DECEDENT'S ADDRESS: STREET _____ APT# _____

STATE _____ COUNTY _____ CITY _____

ZIP _____ CITY LIMITS: Y/N

PLACE OF DEATH _____

INFORMANT'S NAME: _____ RELATIONSHIP _____

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PAGE 2: VITAL STATISTICS FORM

INFORMANT'S ADDRESS: STREET _____ APT# _____
STATE _____ CITY _____ ZIP _____

METHOD OF DISPOSITION: _____ BURIAL _____ CREMATION _____ REMOVAL FROM
STATE _____ ENTOMBMENT _____ DONATION _____

FUNERAL HOME NAME: _____

BURIAL DETAILS: _____ UNKNOWN SECTION _____ BLOCK _____

LOT _____ SPACE _____

PLACE OF DISPOSITION: _____

STATE _____ CITY/TOWN _____

EDUCATION: _____

OCCUPATION: _____ INDUSTRY _____

PEACE OFFICER IN TEXAS: Y/N MILITARY: Y/N BRANCH _____

DECEASED OF HISPANIC ORIGIN: Y/N RACE: _____

DEATH CERTIFICATES NEEDED _____

MAIL DEATH CERTIFICATES TO: _____ FUNERAL HOME _____ INFORMANT

_____ OTHER : NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____