

Vital Records Information

One of the services we will be providing for you is preparing, filing, and securing certified copies of the death certificate. Following is a list of information we are required to report. To save you time when we get together, you may choose to gather this information in advance. If you do, please bring this form with you or you may fax or email it back to us in advance of our meeting. Please print clearly.

Fax: 512-452-8902

Email: directors@wcfish.com

Legal Name (First, Middle, Last): _____

Date of Birth: _____ City & State or Country of Birth: _____

Name on Social Security Card if different: _____

Social Security Number: _____

Current Marital Status: Married Widowed Divorced Never Married

Surviving Spouse (First, Middle, Last, Maiden): _____

Residence Street Address: _____ Apt. #: _____

City or Town: _____ County: _____ State: _____

Zip Code: _____ Is Residence inside the City Limits: Yes No

Father's Name (First, Middle, Last): _____

Mother's Name (First, Middle, Maiden): _____

Highest Education Completed: _____

Race: White Black or African American Other (specify): _____

If of Hispanic Origin: Spanish, Hispanic/Latino Mexican, Mexican American/Chicano

Puerto Rican Cuban Other (specify): _____

Ever in Armed Forces: No Yes (If possible, please bring Form DD 214 with you)
(Military Discharge Document)

Ever a Peace Officer in Texas: _____

Usual Occupation: _____ What Industry: _____

Person making the Funeral Arrangements: _____

Address: _____

Telephone Numbers: _____

Email: _____