



**Death Certificate Information**

Full Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Birthplace (city, state): \_\_\_\_\_
Social Security #: \_\_\_\_\_ Father's Name: \_\_\_\_\_
Residence Address: \_\_\_\_\_ Mother's Name: \_\_\_\_\_
City: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_
County: \_\_\_\_\_ Marital Status: Married Widowed Divorced
State: \_\_\_\_\_ Never Married Unknown
Zip: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_
Inside city limits? Yes No Spouse's Maiden Name: \_\_\_\_\_

**Additional (optional) Information**

Veteran? Yes No Highest Education: \_\_\_\_\_
Race: \_\_\_\_\_ Main Occupation: \_\_\_\_\_

**Person Making Arrangements**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_ Main Phone: \_\_\_\_\_
City: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_
State: \_\_\_\_\_ Email: \_\_\_\_\_
Zip: \_\_\_\_\_

**If Known**

Cremation Date of Death: \_\_\_\_\_
Burial Place of Death: \_\_\_\_\_
Ship Out of State Pacemaker present? Yes No
How many total Death Certificates will you need? \_\_\_\_\_

**If Disposition is Cremation**

\* After the cremation takes place, our wishes for the cremated remains are as follows:

- \_\_\_\_\_ The family (or the individual(s) named below) will pick up from Integrity Funeral Care.
Others authorized to pick up: \_\_\_\_\_
\_\_\_\_\_ Integrity Funeral Care will deliver to a Houston-Area address. (Additional charges apply)
\_\_\_\_\_ Integrity Funeral Care will ship via USPS Priority Express Mail with Signature Confirmation. (Additional charges apply)
\_\_\_\_\_ Integrity Funeral Care will store the cremated remains and arrange for disposition at a later time. (Additional charges apply)