



## Providing Care, Compassion & Integrity to a Global Clientele

### Vital Statistics Information Worksheet

This information will appear on the Death Certificate, Please insure its accuracy.  
By signing this form you are agreeing that all information is correct and further agree to hold GMA and Global Mortuary Affairs, LLC harmless and without liability of any errors or omissions.

Legal Name of Deceased (include AKA's, if any) (First, Middle, Last)			Maiden	Date of Death (Actual or Presumed)	
Sex	Date of Birth		Age	Birth Place (City & State or Foreign Country)	
Social Security Number		Marital Status at time of Death (circle only one) <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Never Married <input type="radio"/> Unknown		Surviving Spouse's Name (if wife, given name prior to first marriage)	
Residence Street Address			Apt. Number	City or Town	
County of Death		State	Zip Code	Inside City Limits	
Father's Name			Mother's Name prior to First Marriage		
Death Occurred in a Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			If Death occurred somewhere other than a hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Deceased Home <input type="checkbox"/> Other _____		
County of Death		City/Town, Zip Code		Facility Name	
Informant's Name & Relationship to Deceased			Mailing Address of Informant (Street & Number, City, State, Zip Code)		
Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____					
Place of Disposition (Name of Cemetery, Crematory, other place)			Location (City/Town and State)		
Name of Funeral Facility			Complete Address of Funeral Facility		
Deceased Highest Level of Education Completed		Decedent's Occupation		Type of Business or Industry	
Ever in the Armed Forces (List Branch)	Ever a Peace Officer in Texas		Deceased of Hispanic Origin		Decedent's Race

Please forward this information via  
FAX: 972.216.2705 or EMAIL: deathcertificates.gma@gmail.com

Your timely completion of this form will allow us to provide you with more efficient service.

Thank you for your cooperation in this matter.

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