



Report of Death

Vital Statistics 25 TAC Sec. 181.2(a) "The funeral director, or person acting as such, who assumes custody of a dead body or fetus shall obtain an electronically filed report of death through a Bureau of Vital Statistics system or complete a report of death before transporting the body. The report of death shall within 24 hours be mailed or otherwise transmitted to the local registrar of the district in which the death occurred or in which the body was found. A copy of the completed or electronically filed report of death as prescribed by the Bureau of Vital Statistics shall serve as authority to transport or bury the body or fetus within this state."

Print in dark ink the legal name of the deceased as shown on the Social Security card or birth certificate.

_____ first middle last suffix AKA maiden

Date of Death ____/____/____ Sex _____ Date of Birth ____/____/____
month day year month day year

Social Security Number ____ - ____ - ____ None Not Available

Place of Death (check one)

<input type="checkbox"/> Hospital Inpatient	<input type="checkbox"/> Nursing home/Long term care facility
<input type="checkbox"/> Hospital Emergency Room/Outpatient	<input type="checkbox"/> Home of Deceased
<input type="checkbox"/> Hospital Dead on Arrival	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Hospice Facility	
Facility Name (If not institution, give street & number)	
City, Town, or Precinct Number	County

Local registration office for the area where this death occurred: _____

This death may be due to homicide, suicide or accident; or this death occurred without medical attendance.

Check One

This death will be certified by: Physician Medical Examiner Justice of the Peace

Name and address of certifier:

Name and address of person making this report (if funeral director list license number and funeral home):

Signature or electronic verification of person making this report Date of report

The Report of Death may be mailed, faxed, emailed, electronically registered or conveyed in person. A copy of this document is to accompany the body. This report contains confidential information.

Date /Time Received

Report	
Certificate	
Electronic	

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.