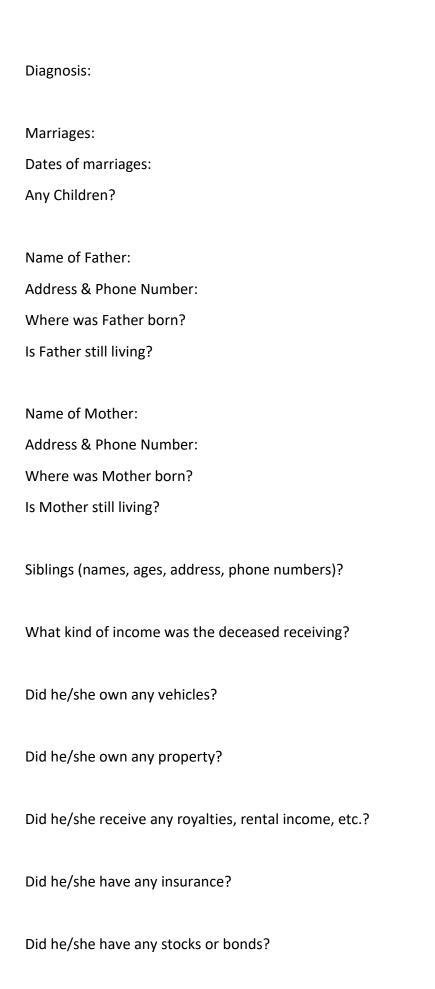
Galveston County Burial Questionnaire

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(409)770-5585 (409) 621-7984 FAX

Date of referral:
Who referred the case?
Location of the body:
Name of the deceased:
Address:
Previous Address:
If in a nursing home/hospice care, when was he/she admitted? Agency Name:
Contact Person:
Phone Number:
Social Security Number:
Date of birth:
Place of birth:
Date of death:
Location of death:



Religion:	
Did he/she serve in the military?	

What kind of work did he/she do?