

**Galveston County
Burial Questionnaire**

Tashonda.edwards@co.galveston.tx.us

(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:

Diagnosis:

Marriages:

Dates of marriages:

Any Children?

Name of Father:

Address & Phone Number:

Where was Father born?

Is Father still living?

Name of Mother:

Address & Phone Number:

Where was Mother born?

Is Mother still living?

Siblings (names, ages, address, phone numbers)?

What kind of income was the deceased receiving?

Did he/she own any vehicles?

Did he/she own any property?

Did he/she receive any royalties, rental income, etc.?

Did he/she have any insurance?

Did he/she have any stocks or bonds?

What kind of work did he/she do?

Religion:

Did he/she serve in the military?