

DEATH NOTICE

To: CRIME RECORDS SERVICE
TEXAS DEPARTMENT OF PUBLIC SAFETY
PO BOX 4143
AUSTIN TX 78765-4143

The following is a report concerning the death of an individual whose fingerprints are on file in the Crime Records Service.

Full Name _____

Contributor _____ # _____

DPS# _____ FBI # _____

Race _____ Sex _____ Date of birth _____

Place of Death _____

Date of Death _____

Cause of Death _____

Fingerprint (indicate finger used)

Reporting Officer _____

Title & Department _____

Address _____

In all instances the DPS number and other supporting numbers, when available, should be indicated.

In the case of an unknown deceased, submit ten inked fingerprint impressions. A comprehensive attempt will be made to establish identification.

THIS FORM WILL NOT BE ACCEPTED WITHOUT A FINGERPRINT IMPRESSION.