

# CERTIFICATE OF DEATH

<b>DECEDENT'S PERSONAL DATA</b>	1. NAME OF DECEDENT --- FIRST (Given)		2. MIDDLE		3. LAST (Family)		
	AKA. ALSO KNOWN AS --- Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	6. SEX	
	9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death)
	13. EDUCATION --- Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/ccyy
	17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY ( e.g., grocery store, road construction, employment agency, etc.)		8. HOUR (24 Hours)	
<b>USUAL RESIDENCE</b>	20. DECEDENT'S RESIDENCE (Street and number or location)						
	21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	24. YEARS IN COUNTY	
	25. STATE/FOREIGN COUNTRY						
<b>INFORMANT</b>	26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
	28. NAME OF SURVIVING SPOUSE --- FIRST		29. MIDDLE		30. LAST (Maiden Name)		
<b>SPOUSE AND PARENT INFORMATION</b>	31. NAME OF FATHER --- FIRST		32. MIDDLE		33. LAST		
	34. BIRTH STATE		35. NAME OF MOTHER --- FIRST		36. MIDDLE		
	37. LAST (Maiden)		38. BIRTH STATE		39. DISPOSITION DATE mm/dd/ccyy		
<b>PLACE OF DEATH</b>	40. PLACE OF FINAL DISPOSITION						
	41. TYPE OF DISPOSITION(S) MARK ALL THAT APPLY						
	CREMATION IN CALIFORNIA		BURIAL IN CALIFORNIA		BURIAL OUTSIDE OF CALIFORNIA		
	RETAIN AT RESIDENCE IN CALIFORNIA		SCATTERING AT SEA		RETAIN AT RESIDENCE IN ANOTHER STATE/COUNTRY		
OTHER _____		TRANSIT TO OUTSIDE OF CALIFORNIA		SCIENTIFIC USE			
42. EMBALMING REQUESTED							
YES <input type="checkbox"/> NO <input type="checkbox"/>							
101. PLACE OF DEATH			102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			106. CITY		
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO							
REFERRAL NUMBER _____							

Decedent's City of Birth \_\_\_\_\_ Number of Certified Death Certificates requested \_\_\_\_\_

**Informant's Information**

Informant's Phone Number \_\_\_\_\_ Alternate number \_\_\_\_\_

Email address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Decedent's Spouse Information**

Decedent's Spouse Living  Deceased  Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

By my signature below, I declare that all information above is true and correct. I accept responsibility for any information provided incorrectly. I authorize Midgley – Gardenside Mortuary to complete the death certificate with the information provided above and to obtain and disperse the number of legally certified copies of said death certificate as I have directed above.

X \_\_\_\_\_ Date of signature \_\_\_\_\_