

Death Certificate Information Form

(Statistical information required by the State of California to prepare a State Certificate of Death and is kept strictly confidential)

Name First _____ Middle _____ Last _____

Legal Residence Address _____ City _____

County _____ Zip _____ Phone Number _____

Male Female Number of years in county _____ Highest Level of Education (High School, BA, PhD.) _____

Married Never Married Divorced Widowed

United States Veteran: Yes No (Please include a copy of military discharge papers)

Birthplace (State or Foreign Country) _____ Birth Date _____

Social Security Number _____ Race _____

Occupation (Present or Before Retirement) _____ Number of Years _____

Employer (Present or Before Retirement)

Kind of Business _____

Fathers Name
(First, Middle, Last) _____ Birth Place _____

Mothers Name
(First, Middle, Maiden Name) _____ Birth Place _____

Spouse:
First Name _____ Middle _____ (Maiden Name) _____

Name of Person in Charge of Final Arrangements _____

Relationship _____ Phone Number _____

Address _____ City, State Zip _____

Signature _____

