



## DEATH CERTIFICATE WORKSHEET

DECEDENT PERSONAL INFORMATION					
Legal Name :First	Middle:	Last:	AKAFirst:(AlsoKnownAs)	Middle:	Last:
Date of Birth:		Sex:	Date of Death:		Time of Death:
State or Country of Birth:		Social Security No:	US Military Service:	Discharge Details:	
Marital Status:	Highest Education /Degree		Hispanic Origin:	Race:	
Usual Occupation: Job Performed most DO NOT USE "RETIRED"			Business/Industry: NOT "COMPANY"		Years in Occupation:
Residence: Number and Street:			Residence City/Town:		
Residence County:		State or Foreign Country:		Zip Code	Years in County:
DECEDENT FAMILY INFORMATION					
Spouse :First	Middle	Last	Maiden Name:	Place of Birth:	Status:
Father :First	Middle	Last	Place of Birth (State or Foreign Country):		Status:
Mother :First	Middle	Last	Maiden Name:	Place of Birth:	Status:
DECEDENT DEATH INFORMATION					
Place of Death:		Facility Name:		Facility Contact Number:	
Location of Death Street Number and Name:			City:	State: CA	Zip Code:
Name of Primary Doctor:		Last:	Telephone No:	Fax No:	Medical Record No:
Primary Doctor Street Number and Name:			City:	State:	Zip Code:
Place of Burial:			Telephone No:	Fax No:	Date of Burial:
Cemetery Address Street Number and Name:			City:	State: CA	Zip Code:
Coroner's Office:					

**By submitting this form, I am affirming, under the penalties of perjury, that the information above is correct and accurate to the best of my knowledge. Any additions or corrections to the certified death certificates matching the information above will be made at my expense.**

Informant's Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact: \_\_\_\_\_

Informant's Name: \_\_\_\_\_ Date: \_\_\_\_\_