

Deceased Vital Stat Information

Name: Last _____

First _____

Middle _____

Date of Birth: _____ Age: _____

Sex: _____ State of Birth: _____ Social Security #: _____

Military Service:(Y or N) _____ Education:(Highest Degree) _____ Race: _____

Marital Status: _____MRRD/ _____NVR MRRD/ _____DIV/ _____WIDOW

Occupation: _____ Years in Occupation: _____
(Before Retirement)

Kind of Business or Industry: _____

Legal Residence (Physical): _____

City: _____ State: _____ Zip: _____

Years in resident County: _____ (if less than 6 mos. use 0)

Person Making Arrangements: _____ Relationship: _____

Mailing Address & Phone: _____

Name of Surviving Spouse: _____
First Middle Last (Maiden)

Name of Father of deceased: _____
First Middle Last

Father's Place of Birth: _____

Name of Mother of deceased: _____
First Middle Last (Maiden)

Mother's Place of Birth: _____

I/We certify that the above information is correct and understand this information will be transferred to the California Death Certificate. Any blank information will be filed as unknown.

Signed

Date