

CERTIFICATE OF DEATH

DECEDENT'S PERSONAL DATA	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.	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	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)		7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
	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)				
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.)			19. YEARS IN OCCUPATION		
USUAL RESIDENCE	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	
	26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)				
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE --- FIRST		29. MIDDLE		30. LAST (Maiden Name)			
	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		40. PLACE OF FINAL DISPOSITION					
41. TYPE OF DISPOSITION(S) MARK ALL THAT APPLY							EMBALMING REQUESTED	
CREMATION IN CALIFORNIA		BURIAL IN CALIFORNIA		BURIAL OUTSIDE OF CALIFORNIA		RETAIN AT RESIDENCE IN CALIFORNIA	YES NO	
RETAIN AT RESIDENCE IN ANOTHER STATE/COUNTRY		TRANSIT TO OUTSIDE OF CALIFORNIA		SCATTERING AT SEA		SCIENTIFIC USE		
OTHER _____								
PLACE OF DEATH	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 _____

WORKSHEET FOR EDUCATION AND RACE/ETHNICITY (For Reference Only)

DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.

Enter appropriate information in box No. 13.

0-11th grade. Enter highest year completed: _____

12th grade, but no diploma. Enter **12**

High school graduate or GED completed. Enter either **HS GRADUATE** or **GED**: _____

Some college credit, but no degree. Enter **SOME COLLEGE**

Associate degree (e.g., AA, AS). Enter **ASSOCIATE**

Bachelor's degree (e.g., BA, AB, BS). Enter **BACHELOR'S**

Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA). Enter **MASTER'S**

Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD). Enter either **DOCTORATE** or **PROFESSIONAL**: _____

WAS DECEDENT SPANISH/ HISPANIC/ LATINO?

If not Spanish/Hispanic/Latino, check "No" in box No. 14/15.

If Spanish/Hispanic/Latino, check "Yes" in box No. 14/15 and enter specific origin.

No

Yes, Mexican, Mexican American, or Chicano

Yes, Central American

Yes, South American

Yes, Cuban

Yes, Puerto Rican

Yes, other Spanish/Hispanic/Latino

Specify: _____

WHAT WAS DECEDENT'S RACE OR ETHNICITY? (Check one or more races to indicate what the decedent considered himself or herself to be)

Enter text for up to 3 races in box No. 16.

White

Black, African American, or Negro

American Indian or Alaska Native (North, South, and Central American Indian) Specify Tribe(s): _____

Native Hawaiian

Guamanian

Samoan

Other Pacific Islander Specify: _____

Asian Indian

Cambodian

Chinese

Filipino

Hmong

Japanese

Korean

Laotian

Vietnamese

Other Asian Specify: _____

Other Specify: _____

PRIVACY NOTIFICATION

Civil Code Section 1798.9 et seq. requires each state agency to provide notice to individuals completing this form. The information is being requested by: DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS, 304 S STREET, P.O. BOX 730241, SACRAMENTO, CA 94244-0241. The information requested on this certificate is authorized and required by Divisions 7 and 102 of the Health and Safety Code, and related provisions within the Civil Code, Code of Civil Procedure, and Government Code.

The principal purpose for this record is:

1. To establish a permanent record that is legally recognized as prima facie evidence of the facts stated therein for each death occurring in the State of California.
2. To provide information, to health authorities and other qualified persons with a valid education or scientific interest, for demographic and epidemiological studies for health and social purposes.
3. To provide information to the National Center for Health Statistics for compiling national statistical reports, and to state and federal agencies for file clearance purposes.
4. To provide individuals with certified copies from the records to serve their personal needs, such as applying for social security or death benefits.

The record shall be open for examination during regularly scheduled office hours, except when access is specifically prohibited by statute or regulations.

LEGAL REQUIREMENTS FOR FILING CERTIFICATE OF DEATH

Each death shall be registered with the local registrar of births and deaths within eight calendar days after death and prior to any disposition of the human remains.

The medical and health section data and the time of death shall be completed and attested to by the physician last in attendance, or his/her designee, provided such physician is legally authorized to certify and attest to these facts, or by the coroner in those cases in which he is required to complete the medical and health section data and certify and attest to these facts.

The medical and health section data and the physician's or coroner's certification shall be completed by the physician within 15 hours after the death, or by the coroner within three days after examination of the body.