

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.	<table border="1" style="font-size: 8px;"> <tr> <th colspan="2">IF UNDER ONE YEAR</th> <th colspan="2">IF UNDER 24 HOURS</th> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> <td>Minutes</td> </tr> </table>	IF UNDER ONE YEAR		IF UNDER 24 HOURS		Months	Days	Hours	Minutes	6. SEX
	IF UNDER ONE YEAR		IF UNDER 24 HOURS												
	Months	Days	Hours	Minutes											
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														
INFORMANT	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)										
SPOUSE AND PARENT INFORMATION	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															
PLACE OF DEATH	39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION												
	41. TYPE OF DISPOSITION(S) MARK ALL THAT APPLY														
	<input type="checkbox"/> CREMATION IN CALIFORNIA <input type="checkbox"/> RETAIN AT RESIDENCE IN CALIFORNIA <input type="checkbox"/> RETAIN AT RESIDENCE IN ANOTHER STATE/COUNTRY <input type="checkbox"/> OTHER _____		<input type="checkbox"/> BURIAL IN CALIFORNIA <input type="checkbox"/> CREMATION OUTSIDE OF CALIFORNIA <input type="checkbox"/> TRANSIT TO OUTSIDE OF CALIFORNIA		<input type="checkbox"/> BURIAL OUTSIDE OF CALIFORNIA <input type="checkbox"/> SCATTERING AT SEA <input type="checkbox"/> RETAIN AT RESIDENCE IN CALIFORNIA <input type="checkbox"/> SCIENTIFIC USE		EMBALMING REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO								
	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 _____