

Certificate of Death Worksheet-State of California

PLEASE COMPLETE THIS ENTIRE FORM

Name of Decedent- First Middle Last (family) Date and Time of Death (hrs)

AKA: Also Known As: First, Middle, Last Date Of Birth Age (yrs.) Sex

Birth State/Foreign Country Social Security # Ever in US Armed Forces? Marital Status at Time of Death (select one)

Highest Level of Education/Degree Decedent is Hispanic/Spanish/Latino? Decedent's Race (Up to 3 May be listed)

Usual Occupation (DO NOT PUT RETIRED) Kind of Business or Industry Years in Occupation

Decedent's Address/Residence (Street and Number)

City County Zip Code Years in County State/Foreign Country

Informant's Name and Relationship to Deceased Informant's Address (street and number, city, state, zip)

Name of Surviving Spouse- First Middle Last (MAIDEN NAME)

Name of Decedent's Father- First Middle Last Birth State

Name of Decedent's Mother- First Middle Last (MAIDEN NAME) Birth State

What is the Final Resting Place of the Remains? (CHOOSE AND COMPLETE ONE)

a) Residence (Cremation Only): Name and address

b) Cemetery: Name and address

c) Scattering at Sea (Cremation Only):

County where scattering is to take place

Contact Person: Phone #

of Death Certificates Requested: /Mail to:

*Any changes to the Certified Death Certificate will require an affidavit to amend the record which could delay the processing of the certified copies up to 90 days. Any changes the Legal Next of Kin makes after the Death Certificate has been completed and accepted by the county office will be charged \$85.00.

*I understand I cannot hold AccuCare reliable for any delays in services or final disposition due to the Doctor's failure to properly complete or sign the required medical portion of the Death Certificate.

*I have read the Vital Statistics Information above and declare it to be accurate and agree to accept copies of the death certificate as verified. I understand that certain terminology may not accepted by the County Health Dept. and agree to accept any changes required by the said County Health Dept.

Signed Date Relationship