

VITAL STATISTICS RECORD

Information required for the State of California for the Death Certificate

NAME: _____ AKA _____
 First Middle Last

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

RACE: _____ HISPANIC/SPANISH/LATINO: () NO () YES (Specify): _____

MILITARY SERVICE: NO () YES () BRANCH: _____

MARITAL STATUS: Married / Widowed / Divorced / Never Married _____

EDUCATION-HIGHEST LEVEL/DEGREE EARNED: _____

OCCUPATION (Prior to Retirement): _____

INDUSTRY/BUSINESS: _____ YEARS IN OCCUPATION: _____

RESIDENCE: _____

Street Address

City

RESIDENCE: _____

State

Zip Code

County

NUMBER OF YEARS RESIDING IN COUNTY (Round up or down): _____

SURVIVING SPOUSE: _____

First

Middle

Maiden/Last

FATHER: _____

First

Middle

Last

FATHERS PLACE OF BIRTH: _____

MOTHER: _____

First

Middle

Maiden Name

MOTHERS PLACE OF BIRTH: _____

TYPE OF DISPOSITION: () BURIAL () CREMATION

FINAL PLACE OF DISPOSITION (Residence, Cemetery, etc.): _____

ADDRESS: _____

INFORMANT: _____ RELATIONSHIP: _____

ADDRESS: _____

Street

City

State

Zip Code

CONTACT NUMBERS: _____ Email: _____

Healthcare Directive Available: () Yes () No Number of Death Certificates: _____

Will there be a viewing of any kind? () Yes () No