

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 1/03)

STATE FILE NUMBER LOCAL REGISTRATION NUMBER	3. LAST (Family)		
1. NAME OF DECEDENT --- FIRST (Given)	2. MIDDLE	5. AGE Yrs.	
AKA. ALSO KNOWN AS ... Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy	IF UNDER ONE YEAR Months    Days IF UNDER 24 HOURS Hours    Minutes
9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	7. DATE OF DEATH mm/dd/ccyy
13. EDUCATION ... Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) YES <input type="checkbox"/> NO <input type="checkbox"/>	12. MARITAL STATUS (at Time of Death)	
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.)	
20. DECEDENT'S RESIDENCE (Street and number or location)		19. YEARS IN OCCUPATION	
21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY
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)	
31. NAME OF FATHER --- FIRST	32. MIDDLE	33. LAST	
35. NAME OF MOTHER --- FIRST	36. MIDDLE	37. LAST (Maiden)	
39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR
FUNERAL DIRECTOR		43. LICENSE NUMBER	
SPOUSE AND PARENT INFORMATION		47. DATE mm/dd/ccyy	
USUAL RESIDENCE		25. STATE/FOREIGN COUNTRY	
DECEDENT'S PERSONAL DATA		8. HOUR (24 Hours)	
INFORMANT		34. BIRTH STATE	
3. LAST (Family)		38. BIRTH STATE	