

VITAL STATISTICS INFORMATION

REQUIRED BY THE STATE OF CALIFORNIA
TO COMPLETE THE CERTIFICATE OF DEATH.

FORM FIELDS WILL CONTAIN GAP(S).

Date of Arrangements _____

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT – FIRST (Given) 2. MIDDLE 3. LAST (Family)			4. DATE OF BIRTH mm/dd/ccyy		5. DATE OF DEATH mm/dd/ccyy		6. SEX	
	AKA ALSO KNOWN AS – Include full AKA								
	7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NO.		9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS* <small>*SINGLE IS NOT ACCEPTED</small>		
	11. EDUCATION – Highest Level/Degree		12/13 WAS DECEDENT: SPANISH / HISPANIC / LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO		14. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)				
15. USUAL OCCUPATION – TYPE OF WORK FOR MOST OF LIFE. DO NOT USE RETIRED.			16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			17. YEARS IN OCCUPATION			
USUAL RESIDENCE	18. DECEDENTS RESIDENCE: (Street and number or location)								
	19. CITY		20. COUNTY/PROVINCE		21. ZIP CODE		22. YEARS IN COUNTY		23. STATE/FOREIGN COUNTRY
	24. INFORMANT'S NAME, RELATIONSHIP				25. INFORMANT'S MAILING ADDRESS (Street and number or rural route, city or town, state, ZIP)			PHONE NUMBER	
SPOUSE AND PARENT INFORMATION	26. NAME OF SURVIVING SPOUSE – FIRST			27. MIDDLE			28. LAST (Maiden Name)		
	29. NAME OF FATHER – FIRST			30. MIDDLE			31. LAST		32. BIRTH STATE or COUNTRY
	33. NAME OF MOTHER – FIRST			34. MIDDLE			35. LAST (Maiden Name)		36. BIRTH STATE or COUNTRY
DISPOSITION	38. PLACE OF FINAL DISPOSITION (FULL PHYSICAL ADDRESS REQUIRED)					39. TYPE OF DISPOSITION <input type="checkbox"/> Residence <input type="checkbox"/> Cemetery <input type="checkbox"/> Scatter at Sea			40. EMBALMING <input type="checkbox"/> YES <input type="checkbox"/> NO
	42. NAME OF FUNERAL ESTABLISHMENT MONTE'S CHAPEL OF THE HILLS					43. LICENSE NUMBER FD-602			
PLACE OF DEATH	45. PLACE OF DEATH			46. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA			47. IF OTHER THAN A HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	48. COUNTY		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)				50. CITY		

The majority of the vital statistics information above is required by the State Registrar and will appear on the original certificate of death. If information above is provided incorrectly, an Affidavit to Amend a Record may be necessary, resulting in additional fees for amended certificates of death, and a delay in obtaining those copies.

I, the undersigned, attest that the information provided above is accurate to the best of my knowledge.

Signature

date

TYPE OF ARRANGEMENTS: **Burial** **Cremation**

DEATH CERTIFICATE(S)

RELEASE TO: _____

MAIL TO: _____

IF CREMATED, RELEASE TO: _____

FD-602
330 Red Hill Avenue
San Anselmo, CA
94960
(415) 453-8440
(415) 453-9374 FAX