



There is quite a bit of vital information that is required for the California Death Certificate.

You may fill in the fields directly on this page and print or print the form blank and write in the information by hand.

Select "File" above to print an information sheet.

This will make the information gathering process easier on you and your loved ones.

NAME OF DECEDENT --- FIRST (Given)		MIDDLE	LAST		
OTHER LEGAL NAME(S) (FIRST, MIDDLE, LAST)			DATE OF BIRTH mm/dd/yyyy	AGE Yrs	SEX
BIRTH STATE/FOREIGN COUNTRY	SOCIAL SECURITY NUMBER	EVER IN U.S. ARMED FORCES? YES NO UNKNOWN		MARITAL STATUS (At Time of death)	
EDUCATION (Highest level/degree)	WAS DECEDENT SPANISH/HISPANIC/LATINO? YES NO		DECEDENT'S RACE		
USUAL OCCUPATION (Type of work for most of life. MAY NOT USE RETIRED)		KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, construction, etc.)		YEARS IN OCCUPATION	
DECEDENT'S RESIDENCE (Street and number or location)					
CITY	COUNTY/PROVINCE	ZIP/POSTAL CODE	YEARS IN COUNTY	STATE/FOREIGN COUNTRY	
PERSON IN CHARGE OF ARRANGEMENTS/RELATIONSHIP		MAILING ADDRESS OF PERSON IN CHARGE OF ARRANGEMENTS			
NAME OF SURVIVING SPOUSE --- FIRST		MIDDLE	LAST (Maiden name, if applicable)		
NAME OF FATHER --FIRST		MIDDLE	LAST	BIRTH STATE/COUNTRY	
NAME OF MOTHER --FIRST		MIDDLE	LAST (Maiden name)	BIRTH STATE/COUNTRY	

Please contact us if you have further questions.
 Cherokee Memorial Park and Funeral Home
 (209) 334-9613
 FD 1657 ~ FD 1672