

INFORMATION FOR DEATH CERTIFICATE and DISPOSITION PERMIT

(Please check for accuracy to avoid delaying permit approval)

1. Name First		2. Middle		3. Last (Family)			
Also Known As: (include Full name First, Middle, Last)		4. Date of Birth (MM/DD/YYYY)		5. Age		If under One Year Month - (Day - Hours) If under 24 hrs (hours- Minutes') ___M, ___D or ___Hr, ___Min	6. Sex
9. Birth State/Foreign Country	10. Social Security Number		11. Ever In U.S. Armed Forces?	12. Marial Status Married, Single, Divorced, Never Married, Widows		7. Date of Death	8. HOUR (24 hours) ___: ___
13. Education -- Highest level/Degree		14/15. Was Decedent Spanish/Hispanic/Latino?		Decedent's Race --- Up to 3 races may be listed			
17. Usual Occupation (type of work for most of life. Do not use Retired)			18. Kind of Business or Industry		19. Years in Occupation		
20. Decedent's Residence (street and number)				21. City	22. County	23. Zip Code	24. Years in county
26. Informant Name (First Last) / Relationship				27. Informant's Mailing Address and Telephone N			
28. Name of Surviving Spouse/SRDP FIRST				29. MIDDLE		30. LAST (Birth Name)	
31. Name of Father FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
35. Name of Mother FIRST		36. MIDDLE		37. LAST (Birth Name)		38. BIRTH STATE	
101. Place of death: Address: _____ Hospital (ER, IP, DOA) or Hospice							
118. Attending Physician Name, Mailing Address, Tel, Fax number						Last day seen by Dr.	
Last Location of disposition: Cemetery or address keeping cremains							
Prepared by: Name: _____ Tel: _____ Email: _____							
Request Picture of deceased to email to calihomefs@hotmail.com							

