

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					