

MiraLago

Funerals & Cremations FD 2406

Corporate Office 4097 Trail Creek Road 110, Riverside CA 92505

24HR (951) 295-4830 (951) 848-0075 FAX (951) 824-2075 E-mail: MiraLagoFamily@gmail.com

DEATH CERTIFICATE - INFORMATION WORKSHEET FOR DECEASED PERSON

IT IS VERY IMPORTANT THAT THIS INFORMATION IS ACURATE

The vital statistics information shown below is required by the state Register and appears on the original certificate of death. Once this information is filed with the register, change can only be made by filing an affidavit. Filing an affidavit will result in additional cost, and cost for new certified copies of the amended certificate of death. New corrected copies of the certificate of death will then be made available. **Decedent Name:** _____

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

Informant Information: Name; _____ Address: _____

Telephone Number: _____ Alternative Telephone # _____

Signature _____ Email: _____ Date _____

Arrangement counselors are available to assist you in completing forms

A. Pacemaker / Fibrillation **“Circle One”**

Yes No

Name of Decedent (Given Legal Name) (1,2,3)

1. First Name _____

2. Middle Name _____

3. Last Name _____

(1 A) Aka Also Known As – Include Full AKA (First, Middle, Last) _____

4. Date Of Birth _____

5. Age (Years) _____ Weigh _____ Height _____

6. Sex: **“Circle One”** Male Female Other

7. Date of Death _____

8. Time of Death / Hours _____

9. Birth State / Or Foreign Country & State: _____

10. Social Security Number _____

11. Ever in The Us Armed Forces: **“Circle One”**

YES NO Branch: _____

12. Marital Status (At Time Of Death) **“Circle One”**

Single - Married - Divorced - Widowed

Legally Separated - Domestic Partner

13. Education / High School Level / Degree: _____

14. Spanish / Hispanic / Latino? (If Yes-Specify) _____

15. Latino _____

16. Decedents Race (up to 3 Races)

A _____

B _____

C _____

17. Usual Occupation (Type of Work for Most of Life) _____

18. Kind of Business of Industry (Grocery Store, Construction, Labor, Food Industry) _____

19. Years In Occupation _____

20. 20,23,25Decedents Residence (Physical Address) _____

21. City _____

22. County/ Province _____

23. Zip Code _____

24. Years in County _____

25. State / Foreign Country _____

25 A: Homeless Status: **“Circle One”**

YES NO UNKNOWN

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26. Informants First Name, Last Name
Relationship

27. Informants Mailing Address
Email:

28. Name of Surviving Spouse - First

29. Name of Surviving Spouse - Middle

30. Name of Surviving Spouse - Last

31. Name of Decedents Fathers - First

32. Name of Decedents Fathers - Middle

33. Name of Decedents Fathers - Last

34. Fathers Birth State

35. Name of Decedents Mothers - First

36. Name of Decedents Mothers - Middle

37. Name of Decedents Mothers - Last (Maiden)

38. Mothers Birth State

39. Burial Date

40. Place Of Final Burial

41. Type of Burial: Circle One
Cremation - Cemetery Interment - Sea
Other:

101 - Place of Death: Circle One
Home - Hospital - Other
102 - If Hospital (Give Name of Hospital)
Circle One IP ER OP DOA

Decedent Affairs Phone:

103 - If Not Hospital (Specify Location) Circle One
Hospice - Nursing Home Ltc - Decedents Home -
Other

104 Place Of Death: County:

105 Facility Address or Location Were Found:

Hospital Number:

Attestation Doctor:

Doctor:

TEL:

FAX:

SERVICE: Type of Funeral Service Requesting:

Number of Death Certificate Copies Requested:

(\$24.00 Ea. \$35 Processing Fee)

Other Information: