What You Need to Know about the Death Certificate

The death certificate lasts forever. Please be certain the information on the certificate is accurate and complete.

- The death certificate is a legal document.
- An amendment form is required to make corrections to the death certificate. The death certificate will become a multiple-page document if an amendment is requested after the original has been processed.
- It can take several weeks to apply an amendment. The processing time for amendments can be located on the California Department of Public Health-Vital Records website (https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx).

Common mistakes that require amendments:
- Misspelled first, middle, or last names of decedent and/or parents
- Reversed order of last names (surnames)
- Adding AKA names to parent(s) or decedent later
- Incorrect sex of decedent
- Incorrect death date

Errors on death certificates
cannot be corrected on the original certificate.

The **original** death certificate **does not** change, but an amendment
is attached to create a multiple-**page** document.

Amendment forms may be obtained at the local health department or county recorder's office, or online (https://www.cdph.ca.gov/Programs/CHSI/Pages/Amending-a-California-Death-or-Fetal-Death-Certificate.aspx)**.**

What You Need to Know about Data
Collected from Your Death Certificate

Why is death certificate information collected?	The death certificate information is collected based on California Health and Safety Code (HSC) sections 102775. This law requires that each death shall be registered with the local registrar of births and deaths in the district in which the death was officially pronounced, or the body was found, within eight calendar days after death and prior to any disposition of the human remains.
Is death certificate information confidential?	Death Certificates are public documents, under California law, and are not considered confidential. Anyone may request copies, however only persons authorized under California law may receive authorized certified copies of death records. Authorized individuals include parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. Funeral homes may request certified copies for the family. Those not meeting eligibility requirements may request and receive a certified informational copy. Some certified informational copies will have signatures and Social Security numbers redacted (concealed).
What is death certificate information used for?	Death Certificate information is extremely valuable in producing data for various population groups.
Who collects death certificate information and what are their responsibilities?	The funeral director, or person acting in lieu of, hospitals, coroners/medical examiners, physicians, informants, clergy, or judges is responsible for obtaining the decedent's personal data from the informant, ensuring all fields of the certificate are complete, notifying the coroner of any death that is required by law to be reported unless the physician or the police have already done so, securing the physician's or coroner's certification signature, reviewing the certificate for completeness and accuracy, and filing the certificate with the local registrar within eight (8) calendar days and obtaining a permit for final disposition. REFERENCE: Health and Safety Code Sections 102125, 102135, 102780, 102790, 102850, 103785 and Government Code Section 27491
Physician responsibilities?	The physician in attendance shall, within 15 hours after the death, provide and attest to the following information contained on the Certificate of Death (VS 11): The date, time, and place of death, the direct causes and conditions of death, the physician reviews the information for accuracy and electronically attests to these facts. REFERENCE: Business and Professions Code Section 715, 2060, and Health and Safety Code Section 102850, Government Code Section 27491

When would the death be referred to Coroner?	The Medical Examiner/Coroner investigates cases under his or her jurisdiction in which death occurred under any of the following circumstances: Without medical attendance, during the continued absence of the attending physician and surgeon, when the attending physician is unable to state the cause of death, where suicide is suspected, following an injury or an accident, or under circumstances as to afford a reasonable ground to suspect the death was caused by the criminal act of another. REFERENCE: Health and Safety Code Section 102850, Government Code Section 27491
I still have questions…	Please contact the California Department of Public Health - VitalRecords at (916) 445-2684.

Certificate of Death Worksheet

Please complete this information to prepare the death certificate.

Electronic Only Fields do not print on the certificate.

Legal Name of Decedent: (If the decedent has not been identified and is considered a John or Jane Doe, a number (e.g., John/Jane Doe number) may be used if it is the medical examiner/coroner's policy. This option is only available if the coroner has accepted the case (coroner status=ACC).)

1. First Name: _____

2. Middle Name: _____

3. Last Name: _____

Suffix (Optional): ☐ I   ☐ II   ☐ III   ☐ IV   ☐ V   ☐ VI   ☐ VII   ☐ VIII   ☐ IX   ☐ X   ☐ JR   ☐ SR

AKA Name of Decedent: (The AKA (Also Known As) First Name, Middle Name, Last Name and Suffix is provided by the informant. Only one AKA is permitted on the death certificate. Additional AKAs must be added via an Affidavit to Amend the Record (VS 24). AKA Names must be alphabetic. This field can be blank.)

AKA First Name: _____

AKA Middle Name: _____

AKA Last Name: _____

4. Date of Birth (MM/DD/YYYY): _____

5. Age:
   ☐ Years: _____
   ☐ Under one year: Months_____   Days_____
   ☐ Under 24 Hours: Hours_____   Minutes_____

9. Birth State/Foreign Country:
   ☐ US State. State Name: _____
   ☐ US Territory. Territory Name: _____
   ☐ Canadian Province. Province Name: _____
   ☐ Mexican State. State Name: _____
   ☐ Other Country. Country Name: _____
   ☐ Other Country Unknown
   ☐ Unknown
   (Specify the Birth State/Foreign Country from the dropdown in EDRS)

10: Social Security Number: _____

11. Ever in U.S. Armed Forces: ☐ Yes   ☐ No   ☐ Unknown

12. Marital Status / State Registered Domestic Partnership (SRDP) at Time of Death:

   ☐ Married   ☐ Divorced   ☐ Widowed   ☐ Never Married   ☐ SRDP   ☐ Unknown
   ☐ Married/Widowed (*simultaneous death of the spouses*)
   ☐ SRDP SURV (*surviving SRDP*)
   ☐ SRDP/SURV (*simultaneous death of the partners*)

13. Education: (Enter Highest Level or Degree of School Completed. **Does not include trade schools/occupation-specific certificate programs**)

☐ 0-11th Grade. Highest Grade Completed: _____	☐ 12th Grade with No Diploma
☐ High School Diploma	☐ General Equivalency Diploma (GED)
☐ Some College (No degree)	☐ Associate's Degree (e.g., AA, AS, AAS, AAB)
☐ Bachelor's Degree (e.g., BA, BSc, BEng)	☐ Master's Degree (e.g., MA, MSc, MBA, MSW)
☐ Doctorate Degree (e.g., PhD, EdD)	☐ Professional Degree (e.g., MD, JD, DDS, LLB)
	☐ Unknown/Withheld

17. Decedent's Usual Occupation:

Work done for the longest period of time. Do *not* enter company name.

18. Decedent Kind of Business/Industry:

_____

Do *not* enter company name.

19. Years in Occupation: _____

Homelessness status at time of death: **(*Electronic Only Field*)** Please see HUD Homeless Definitions for homeless definition. https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories

☐ Yes, homeless at time of death   ☐ No, not homeless at time of death   ☐ Unknown

If Yes, please specify: ☐ Unsheltered   ☐ Sheltered   ☐ In Institution

20 - 25. Decedent's Residence Address **(Required). P.O. Boxes Are Not Acceptable. Do not list homeless terms here.**

Street Number and Name: _____ Apt/Suite/Unit: _____

City: _____ Zip Code/Postal Code: _____

County: _____ State/Foreign Country: _____

Years in County/Province _____

Surviving Spouse/State Registered Domestic Partner

28. First Name: _____

29. Middle Name: _____

30. Last (Birth) Name: _____

Suffix: ☐ I   ☐ II   ☐ III   ☐ IV   ☐ V   ☐ VI   ☐ VII   ☐ VIII   ☐ IX   ☐ X   ☐ JR   ☐ SR

Parent (Fields 31-34, Name at <u>Parent's Birth</u>)

Relationship to the Decedent (**Required**): ☐ Mother   ☐ Father   ☐ Parent   ☐ Unknown

31. First Name: _____

32. Middle Name: _____

33. Last (Birth) Name: _____

Suffix: ☐ I   ☐ II   ☐ III   ☐ IV   ☐ V   ☐ VI   ☐ VII   ☐ VIII   ☐ IX   ☒ X   ☐ JR   ☐ SR

　　Additional Last Name (***Electronic Only Field***) :_____

Please note that the additional last names field is electronic only. Any names entered here **will not** print on the certificate. For any legal last names that must print on the certificate please submit an Affidavit to Amend a Record (VS 24) to record the full legal name.

34. Birth State/Foreign Country:
　　　　☐ US State. State Name: _____
　　　　☐ US Territory. Territory Name: _____
　　　　☐ Canadian Province. Province Name: _____
　　　　☐ Mexican State. State Name: _____
　　　　☐ Other Country. Country Name: _____
　　　　☐ Other Country Unknown
　　　　☐ Unknown
　　　　(Specify the Birth State/Foreign Country from the dropdown in EDRS)

Parent (Fields 35-38, Name at <u>Parent's Birth</u>)

Relationship to the Decedent (**Required**): ☐ Mother   ☐ Father   ☐ Parent   ☐ Unknown

35. First Name: _____

36. Middle Name: _____

37. Last (Birth) Name: _____

Suffix: ☐ I   ☐ II   ☐ III   ☐ IV   ☐ V   ☐ VI   ☐ VII   ☐ VIII   ☐ IX   ☐ X   ☐ JR   ☐ SR

　　Additional Last Name (***Electronic Only Field***) :_____

Please note that the additional last names field is electronic only. Any names entered here **will not** print on the certificate. For any legal last names that must print on the certificate please submit an Affidavit to Amend a Record (VS 24) to record the full legal name.

38. Birth State/Foreign Country:
　　　　☐ US State. State Name: _____
　　　　☐ US Territory. Territory Name: _____
　　　　☐ Canadian Province. Province Name: _____
　　　　☐ Mexican State. State Name: _____
　　　　☐ Other Country. Country Name: _____
　　　　☐ Other Country Unknown
　　　　☐ Unknown
　　　　(Specify the Birth State/Foreign Country from the dropdown in EDRS)

26. Informant:

Relationship to the Decedent (**Required):**

☐ Husband   ☐ Wife   ☐ Spouse   ☐ SRDP   ☐ Father   ☐ Mother   ☐ Parent   ☐ Brother   ☐ Sister
☐ Daughter   ☐ Son   ☐ Granddaughter   ☐ Grandson   ☐ Grandfather   ☐ Grandmother   ☐ Grandparent
☐ Friend   ☐ Guardian   ☐ Neighbor   ☐ Ambulance Attendant   ☐ Birth Clerk   ☐ Certified Nurse Midwife
☐ Hospital Staff   ☐ Medical Records Clerk   ☐ Social Worker
☐ Other _____

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: ☐ I   ☐ II   ☐ III   ☐ IV   ☐ V   ☐ VI   ☐ VII   ☐ VIII   ☐ IX   ☐ X   ☐ JR   ☐ SR

27. Informant Mailing Address:

Street Number and Name: _____ Apt/Suite/Unit: _____

City: _____ Zip Code/Postal Code: _____

State/Foreign Country: _____

Name of Decedent: _____

Decedent Race and Ethnicity Worksheet

Field 14/15

Was the Decedent Hispanic, Latino, or Spanish?   ☐Yes   ☐No   ☐Unknown
If Yes, please specify:
          ☐Cuban   ☐Mexican
          ☐Puerto Rican   ☐Other _____

Fields 16
Up to three races may be entered for the decedent on the death certificate. Unless otherwise specified, the selected race(s) will print on the certificate. If the informant would like a different description to print on the certificate, enter it in the space provided.

White
☐White   _____
☐Caucasian   _____

Black or African American
☐Black   _____
☐African American   _____

Hispanic
☐Mexican   _____
☐Mexican American   _____
☐Other Hispanic, specify _____

American Indian or Alaskan Native
☐Alaska Native   _____
☐Eskimo   _____
☐Aleut   _____
☐Native American   _____
☐American Indian   _____

Asian
☐Chinese   _____
☐Japanese   _____
☐Filipino   _____
☐Korean   _____
☐Vietnamese   _____
☐Asian Indian   _____
☐Cambodian   _____
☐Thai   _____
☐Laotian   _____
☐Hmong   _____
☐Indonesian   _____
☐Malaysian   _____
☐Taiwanese   _____
☐Bangladeshi   _____
☐Pakistani   _____
☐Sri Lankan   _____
☐Other Asian, specify   _____

Native Hawaiian or Other Pacific Islander
☐Native Hawaiian   _____
☐Guamanian   _____
☐Samoan   _____
☐Fijian   _____
☐Tongan   _____
☐Other Pacific Islander, specify _____

Unknown or Other
☐Unknown
☐Other   _____
☐Other   _____
☐Other   _____

MEDICAL INFORMATION

Name of Decedent: _____

6. Sex: ☐ Male   ☐ Female   ☐ Nonbinary   ☐ Unknown/Undetermined

7. Date of Death (MM/DD/YYYY): _____

8. Time of Death (HHMM 24 hour): _____

Place of Death

104. County/Jurisdiction of Death _____

101. Place of Death: _____

102. Died at hospital? ☐ DOA   ☐ Inpatient   ☐ Emergency Room/Out Patient

103. Died outside hospital? ☐ Hospice   ☐ Nursing Home/Long Term Care   ☐ Decedent's Home   ☐ Other

Facility Address or Location where found (Fields 105 – 106):

Street Number and Name: _____ Apt/Suite/Unit: _____

City: _____ Zip Code/Postal Code: _____

Field 115. Certifier Information

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: ☐ I   ☐ II   ☐ III   ☐ IV   ☐ V   ☐ VI   ☐ VII   ☐ VIII   ☐ IX   ☐ X   ☐ JR   ☐ SR

Degree: ☐ MD   ☐ DO   ☐ PA

License Number: _____

Attending Physician

114A. Decedent Attended Since (MM/DD/YYYY): _____

114B. Decedent Last Seen Alive (MM/DD/YYYY): _____

118. Attending Physician Name

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: ☐ I   ☐ II   ☐ III   ☐ IV   ☐ V   ☐ VI   ☐ VII   ☐ VIII   ☐ IX   ☐ X   ☐ JR   ☐ SR

Title: ☐ MD   ☐ DO   _____

MEDICAL INFORMATION

Name of Decedent: _____

118 Attending Physician Address

Street Number and Name: _____ Apt/Suite/Unit: _____

City: _____ Zip Code/Postal Code: _____

State/Foreign Country: _____

Name of Decedent: _____

CAUSE OF DEATH

Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events (mode of dying), such as cardiac arrest, respiratory arrest or ventricular fibrillation, without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line unless more than four exist. If more than four causes of death then place multiple entries separated by terms such as: Due to, As a result of, etc. in 107B and 107C. 107A and 107D should always only have one entry.

Sequentially list conditions, if any, leading to the cause listed on 107A.
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in the death) <u>LAST</u>.

107A. Immediate Cause (Final disease or condition resulting in death. <u>One entry only</u>.):

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┌────────────────────────────────────────────────────────────┐
│                                                            │
│                                                            │
└────────────────────────────────────────────────────────────┘
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Due to (or as a consequence of)

107B.

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┌────────────────────────────────────────────────────────────┐
│                                                            │
│                                                            │
└────────────────────────────────────────────────────────────┘
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Due to (or as a consequence of)

107C.

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┌────────────────────────────────────────────────────────────┐
│                                                            │
│                                                            │
└────────────────────────────────────────────────────────────┘
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Due to (or as a consequence of)

107D.

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┌────────────────────────────────────────────────────────────┐
│                                                            │
│                                                            │
└────────────────────────────────────────────────────────────┘
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If the decedent's age at the time of death was less than 24 hours, were there signs of life at delivery?
☐ Yes. This was a live birth followed by a death.   ☐ No, this event was a fetal death with <u>no signs of life at delivery.</u>*
*Stop, do not create or register a death record, this is a fetal death.
See Fetal Death Handbook in EBRS or contact the local registrar for help.
REFERENCE: Definition of live birth (California Code of Regulations, Title 17, Section 915) and definition of fetal death (California Code of Regulations, Title 17, Section 916)

Name of Decedent: _____

Disaster Field (*Electronic Only Field*)

Was this death directly or indirectly related to a disaster event? (**Only governor declared disasters can be entered here. Please see https://www.caloes.ca.gov/office-of-the-director/policy-administration/legal-affairs/emergency-proclamations/ for a list of governor declared disasters)**

      ☐ Yes   ☐ No   ☐ Unknown

      If Yes, specify: _____

108. Reported to coroner? ☐ Yes   ☐ No

109. Biopsy Performed? ☐ Yes   ☐ No

110. Autopsy Performed? ☐ Yes   ☐ No

111. Autopsy Used in Determining Cause of Death? ☐ Yes   ☐ No

112. Other Significant Conditions Contributing to Death but not Resulting in the Underlying Cause given in 107 (**Do not leave blank if no other conditions put NONE.)**:

_____

113. Was Operation Performed for any condition given in Field 107 or Field 112? ☐ Yes   ☐ No   ☐ Unknown

      If Yes, specify:

            Name of Operation: _____

            Date of Operation: _____