

VITAL INFORMATION FORM

(REQUIRED FOR NON-MEDICAL PORTION OF DEATH CERTIFICATE)



PLEASE TYPE OR PRINT CLEARLY

1. NAME OF DECEDENT-FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
4. AKA, ALSO KNOWN AS - INCLUDE FULL FIRST, MIDDLE, LAST			5. DATE OF BIRTH		6. SEX
7. BIRTH STATE/ FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER		9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
10. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CA. REG. DOM. PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN					
11. EDUCATION (HIGHEST LEVEL OR DEGREE COMPLETED) PLEASE CHECK ONE <input type="checkbox"/> 0 (DID NOT COMPLETE ONE YEAR) <input type="checkbox"/> (GRADES 1-11) _____ GRADE <input type="checkbox"/> GRADE 12, NO DIPLOMA <input type="checkbox"/> H.S. DIPLOMA/ G.E.D. <input type="checkbox"/> SOME COLLEGE (NO DEGREE) <input type="checkbox"/> ASSOCIATE (e.g., AA, AS) <input type="checkbox"/> BACHELOR'S (e.g., BA, AB, BS) <input type="checkbox"/> MASTER'S (e.g., MA, MS, MEng, MEd, MBA) <input type="checkbox"/> DOCTORATE OR PROFESSIONAL (e.g., PhD)					
14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? IF YES, PLEASE INDICATE <input type="checkbox"/> YES _____ <input type="checkbox"/> NO			15. DECEDENT'S RACE - UP TO 3 RACES MAY BE LISTED		
16. USUAL OCCUPATION FOR MOST OF LIFE DO NOT USE RETIRED OR UNEMPLOYED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real estate, etc)		18. YEARS IN OCCUPATION	
19. DECEDENT'S RESIDENCE (STREET AND NUMBER OR LOCATION)					
20. CITY		21. COUNTY/PROVINCE		22. ZIP CODE	
23. YEARS IN COUNTY		24. STATE/FOREIGN COUNTRY			
25. INFORMANT'S NAME (FIRST MIDDLE LAST)		26. INFORMANT'S RELATIONSHIP		27. INFORMANT'S CONTACT NUMBER (WITH AREA CODE)	
28. INFORMANT'S MAILING ADDRESS (STREET AND NUMBER LOCATION)		29. INFORMANT'S CITY, STATE AND ZIP			
30. NAME OF SURVIVING SPOUSE/SRDP-FIRST		31. MIDDLE		32. LAST (MAIDEN NAME)	
33. NAME OF DECEDENT'S FATHER - FIRST		34. MIDDLE		35. LAST	
36. BIRTH STATE		37. NAME OF DECEDENT'S MOTHER FIRST		38. MIDDLE	
39. LAST (MAIDEN NAME, NOT MARRIED NAME)		40. BIRTH STATE			
41. FINAL DISPOSITION (CHECK ALL THAT APPLY) <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ALKALINE HYDROLYSIS <input type="checkbox"/> SCIENTIFIC USE <input type="checkbox"/> TRANSIT Name and Address of California Cemetery _____ Name and Address of California Crematory/Alkaline Hydrolysis _____ Name and Address of California Facility Receiving Remains for Scientific Use _____ Name and Address in Receiving State or Country Where Remains or Cremated Remains Are To Be Shipped _____ Scattering/Burial At Sea or Disposition Other Than A Cemetery _____ _____ _____ _____					

WORKSHEET FOR EDUCATION AND RACE/ETHNICITY

DECEDENTS EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.

Enter appropriate information in box No. 13

☐ 0-11th grade. Enter highest year completed: _____

☐ 12th grade, but no diploma. Enter **12 ND**

☐ High school graduate or GED completed. Enter **HS GRADUATE**

☐ Some college credit, but no degree. Enter **SOME COLLEGE**

☐ Associate degree (e.g., AA, AS). Enter **ASSOCIATE**

☐ Bachelor's degree (e.g., BA, AB, BS). Enter **BACHELOR'S**

☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA). Enter **MASTER'S**

☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) Enter either **DOCTORATE** or **PROFESSIONAL**:

WAS DECEDENT HISPANIC/LATINO(A)/SPANISH/?

If not Hispanic/Latino(a)/Spanish, check "No" in box No. 14/15.

If Hispanic/Latino(a)/Spanish, check "Yes" in box No. 14/15 and enter specific origin.

☐ No

☐ Yes, Mexican, Mexican American, or Chicano

☐ Yes, Central American

☐ Yes, South American

☐ Yes, Cuban

☐ Yes, Puerto Rican

☐ Yes, other Hispanic/Latino(a)/Spanish

☐ Specify: _____

WHAT WAS DECEDENT'S RACE OR ETHNICITY? (Check one or more races to indicate what the decedent considered himself or herself to be)

Enter text for up to 3 races in box No. 16

☐ White

☐ Black or African American

☐ American Indian or Alaska Native (North, South, and Central American Indian) Specify Tribe(s): _____

☐ Native Hawaiian

☐ Guamanian

☐ Samoan

☐ Other Pacific Islander Specify: _____

☐ Asian Indian

☐ Cambodian

☐ Chinese

☐ Filipino

☐ Hmong

☐ Japanese

☐ Korean

☐ Laotian

☐ Thai

☐ Vietnamese

☐ Other Asian Specify: _____

☐ Other Specify: _____

I have read the above information, and state that it is true & correct, and release PACIFIC FUNERAL ACCOMMODATIONS from any charges that may occur in the correction of the original certificate due to this information.

I agree that any information left blank will be considered "Unknown".



SIGNATURE: _____

DATE: _____