



PACIFIC FUNERAL ACCOMMODATIONS

DEATH CERTIFICATE FILING REQUEST

INITIAL INFORMATION

Deceased: _____ Sex: _____

Date of Birth: _____

Date of Death: _____ Time of Death: _____

Place of Death: _____

☐ Inpatient

☐ ER Death

Physician: _____

Physician Phone: _____ Physician Fax: _____

Hospice Name: _____

Hospice Phone: _____ Hospice Fax: _____

Coroner County: _____ Coroner Case Number: _____

Funeral Establishment: _____

Funeral Establishment License Number: _____

Embalmer Name (if applicable): _____

Embalmer License Number: _____

Submitted by: _____

Phone: _____

Email: _____

Fax or Email this request to Pacific Funeral Accommodations:

Fax: (888) 827-8610

Email: info@PacificFuneralAccommodations.com