

Vital Statistics & Attending Physician

The following information is needed for a State of California "Death Certificate" and must be accurate. Please print and answer all questions completely. If the answer is not known, print "Unknown". If the question is not applicable, print "NA". A birth certificate, marriage certificate or Veterans form VA DD214 discharge-separation form may provide some or the required information.

Informant

The informant is the person responsible for or designated by the family to handle the affairs of the deceased. This person is recorded on the "Death Certificate" as the responsible party.

1. First Name	
2. Middle Initial	
3. Last Name	
4. Relationship (to the person you are making arrangements for)	
5. Mailing Address	
6. City of Residence	
7. State and Zip Code of Residence	
8. Phone Number (include Area Code)	
9. Email Address	

Deceased

10. First Name (legally as listed on birth certificate or passport)	
11. Middle Name (legally as listed on birth certificate or passport)	
12. Last Name (legal married name, if single-as listed on birth certificate)	
13. AKA (Also known as any other names for legal purposes)	
14. Date of Birth - (mm/dd/yyyy)	

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- 15. Current Age
- 16. Sex - male or female
- 17. City of Birth
- 18. State of Birth - if foreign country – enter country
- 19. Social Security Number
- 20. Military Service - enter Yes or No
- 21. Branch of Military Service
- 22. Military - year entered and year discharged
- 23. Marital Status - Married, Never Married, Divorced, SRDP or Widowed
- 24. Education - list highest degree earned or # of years completed
- 25. Race - White, Black, American Indian, East Indian, Asian, etc.
- 26. Primary Occupation (during working life)
- 27. Kind of Business (during working life) as relates to # 27
- 28. Number of Years in Occupation (during working life) accumulative
- 29. Current Residence Address (number and street only) No P.O. Box
- 30. City of Residence
- 31. County of Residence
- 32. Zip Code
- 33. Number of Years Lived in County of Residence
- 34. State of Residence
- 35. First Name of Surviving Spouse

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- 36. Middle Name of Surviving Spouse
- 37. Last Name (if surviving husband) or Maiden Name (if surviving wife)
- 38. Father's First Name (of deceased)
- 39. Father's Middle Name
- 40. Father's Last Name
- 41. Father's State of Birth (or country if outside USA)
- 42. Mother's First Name (of deceased)
- 43. Mother's Middle Name
- 44. Mother's Maiden Last Name
- 45. Mother's State of Birth (or country if other than USA)
- 46. Name of Attending Physician
- 47. Disposition (Burial or Cremation)
- 48. Name of Cemetery where you have or will purchase property
- 49. Cemetery City & State
- 50. Cemetery Phone Number
- 51. Religious Preference

Attending Physician

- 52. First Name
- 53. Last Name
- 54. Complete Address
- 55. Phone Number (include Area Code)
- 56. Fax Number (include Area Code)
