

DEATH CERTIFICATE WORKSHEET

1. NAME OF DECEDENT- FIRST (GIVEN)		2. MIDDLE NAME OR INITIAL			3. LAST (FAMILY)					
ALSO KNOWN AS- INCLUDE FULL AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH MM/DD/CCYY		5. AGE		IF UNDER 1 YEAR		IF UNDER 24 HOURS		6. SEX
						MONTHS	DAYS	HOURS	MINUTES	
9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER		11. EVER IN US ARMED FORCES?			12. MARITAL STATUS AT TIME OF DEATH		7. DATE OF DEATH MM/DD/CCYY		8. HOUR (24 HOURS)
			YES	NO	UNK					
13. EDUCATION-HIGHEST DEGREE		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO- IF YES, SPECIFY				16. DECEDENT'S RACE- UP TO 3 RACES MAY BE LISTED				
		<input type="checkbox"/> YES <input type="checkbox"/> NO								
17. USUAL OCCUPATION- TYPE OF WORK FOR MOST OF LIFE			18. KIND OF BUSSINESS OR INDUSTRY					19. YEARS IN OCCUPATION		
20. DECEDENT'S RESIDENCE- STREET AND NUMBER OR LOCATION										
21. CITY		22. COUNTY			23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
26. INFORMANT'S NAME AND RELATIONSHIP					27. INFORMANT'S MAILING ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP)					
28. NAME OF SURVIVING SPOUSE- FIRST			29. MIDDLE				30. LAST (MAIDEN NAME)			
31. NAME OF FATHER- FIRST		32. MIDDLE			37. LAST				34. BIRTH STATE	
35. NAME OF MOTHER- FIRST		36. MIDDLE			37. LAST (MAIDEN NAME)				38. BIRTH STATE	

VERIFICATION OF VITAL RECORD

I have read the above vital statistical information and certify it to be correct. I agree to accept all certified copies of the death certificate that accurately reflect the above information and will not hold the funeral home responsible for the cost of replacement copies. I understand that some information may be altered to conform to the standards of the health department in the county of death.

Family Representative _____ Date _____

Relationship _____ Director _____

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WORKSHEET FOR EDUCATION AND RACE/ETHNICITY (FOR REFERENCE ONLY)

<p>DECEDENT'S EDUCATION- Mark the line that best describes the highest degree or level of school completed at the time of death.</p> <p>Enter appropriate information in box No. 13</p> <p>___ 0-11th grade. Enter highest year completed: ___</p> <p>___ 12th grade, but no diploma. Enter 12</p> <p>___ High school graduate or GED completed. Enter either HS GRADUATE or GED: _____</p> <p>___ Some college credit, but no degree. Enter SOME COLLEGE</p> <p>___ Associates degree (e.g., AA, AS). Enter ASSOCIATE</p> <p>___ Bachelor's degree (e.g., BA, AB, BS). Enter BACHELOR'S</p> <p>___ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA), Enter MASTER'S</p> <p>___ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD). Enter either DOCTORATE or PROFESSIONAL: _____</p> <p>—</p>	<p>WAS THE DECEDENT SPANISH/HISPANIC/LATINO?</p> <p>If no Spanish/Hispanic/Latino, check "No" In box No. 14/15.</p> <p>If Spanish/Hispanic/ Latino, check "Yes" In box No. 14/15 and enter specific origin.</p> <p>___ No</p> <p>___ Yes, Mexican, Mexican American, or Chicano</p> <p>___ Yes, Central American</p> <p>___ Yes, South American</p> <p>___ Yes, Cuban</p> <p>___ Yes, Puerto Rican</p> <p>___ Yes, other Spanish/Hispanic/Latino</p> <p>Specify: _____</p> <p>If "Yes" was chosen, enter information about the decedent's country of origin or ancestry below, or enter Unknown.</p> <p>_____</p> <p>—</p>	<p>WHAT WAS DECEDENT'S RACE OR ETHNICITY? (Check one or more races to indicate what the decedent considered himself or herself to be)</p> <p>Enter text from up to 3 races</p> <p>___ White</p> <ul style="list-style-type: none"> • White • Caucasian <p>___ Black or African American</p> <ul style="list-style-type: none"> • Black • African American <p>___ Hispanic</p> <ul style="list-style-type: none"> • Mexican • Mexican American • Other Hispanic <p>___ American Indian or Alaskan Native</p> <ul style="list-style-type: none"> • Alaska Native • Eskimo Aleut • Native American • American Indian <p>___ Asian</p> <ul style="list-style-type: none"> • Chinese • Japanese • Filipino • Korea • Vietnamese • Asian Indian • Cambodian • Thai • Laotian • Hmong • Other Asian <p>___ Native Hawaiian or Other Pacific Islander</p> <ul style="list-style-type: none"> • Native Hawaiian • Guamanian • Samoan • Other Pacific Islander <p>___ Unknown or other</p> <ul style="list-style-type: none"> • Unknown • Other <p>Specify _____</p>
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PRIVACY NOIFICATION

Civil Code Section 1798.9 et seq. requires each state agency to provide notice to individuals completing this form. The information is being requested by: DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS, 304 S. STREET, P.O. BOX 730241, SACRAMENTO, CA 94244-0241. The information requested on this certificate is authorized and required by Division 7 and 102 of the Health and Safety Code, and related provisions within the Civil Code, Code of Civil Procedure and Government Code.

The principal Purpose for this record is:

1. To establish a permanent record that is legally recognized as prima facie evidence of the facts stated therein for each death occurring in the State of California.
2. To provide information, to health authorities and other qualified persons with a valid education or scientific interest, for demographic and epidemiological studies for health and social purposes.
3. To provide information to the National Center for Health Statistics for compiling national statistical reports, and to state and federal agencies for file clearance purposes.
4. To provide individuals with certified copies from the records to serve their personal needs, such as applying for social security or death benefits.

The record shall be open for examination during regularly scheduled office ours, except when access is specifically prohibited by statute or regulations.

LEGAL REQUIREMENTS FOR FILING CERTIFICATE OF DEATH

Each death shall be registered with the local registrar of births and deaths within eight calendar days after death and prior to any disposition of the human remains.

The medical and health section data and the time of death shall be completed and attested to by the physician last in attendance, or his/her designee, provided such physician is legally authorized to certify and attest to these facts, or by the coroner in those cases in which he is required to complete the medical and health section data and certify and attest to these facts.

The medical and health section data and the physician's or coroner's certification shall be completed by the physician within 15 hours after death, or by coroner within three days after examination of the body.