

VITAL STATISTICS

1. Name of Decedent / First Name		2. Middle Name		3. Last (family)	
AKA /Also Known As / Full Name / First, Middle, Last			4. Date of Birth mm/dd/ccyy	5. Age / yrs	6. Sex
9. Birth State / Foreign Country	10. Social Security No.	11. Armed Forces YES NO	12. Martial Status	7. Date of Death	8. Hour 24 hr
13. Education / Highest Level / Degree		14. / 15. Was Decedent: Spanish/Hispanic/Latino <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		16. Race / Up to 3 races may be listed	
17. Usual Occupation / Don't Use Retired		18. Kind of Business or Industry		19. Years in Occupation	
20. Decedent's Address / Number / Street / Or Location		21. City	22. County / Province	23. Zip Code	
		24. Years in County	25. State / Foreign Country		
26. Informant's Name / Relationship			27. Informant's Full Address		
28. Surviving Spouse—First		29. Middle	30. Last / Maiden Name		
31. Name of Father—First		32. Middle	33. Last	34. Birth State / Country	
35. Name of Mother—First		36. Middle	37. Last / Maiden Name	38. Birth State / Country	
39. Disposition Date _____		40. Place of Final Disposition _____ Address _____			
41. Type of Disposition : BU CR TR	42. Embalmer: OSCAR LOPEZ	43. License No:			
44. Funeral Establishment: So. California Funeral Directors Inc.	45. License Number: FD 2094				
101. Place of Death		102. If Hospital Specify One IP ER DOA	103. Other Than Hospital / Circle Hospice/ Nursing / Own / Other LTC Home		
104. County of Death	105. Facility Address / Location Where Found		106. City		

DOCTOR'S NAME _____

INFORMANT _____

Phone _____ Fax _____

Phone _____ Cell _____

NUMBER OF DEATH CERTIFICATES _____