CATHOLIC FUNERAL & CEMETERY SERVICES
OF THE DIOCESE OF SACRAMENTO

Location:

Contract Number:

Death Certificate Information

1. Name of Decedent–First | 2. Middle | 3. Last (Family)

AKA – Also Known As – Include Full AKA (First, Middle, Last) | 4. Date of Birth | 5. Age – Years | If Under One Year: Months, Days | If Under 24 Hours: Hours, Minutes | Sex

9. Birth State/ Country | 10. Social Security Number | 11. Ever in US Armed Forces ☐ Yes ☐ No ☐ Unknown | 12. Marital Status | 7. Date of Death | 8. Hour (24 Hr)

13. Education – Highest Level / Degree | 14./15. Was Decedent Spanish/Hispanic/Latino? ☐ Yes ☐ No | 16. Decedent Race – Up to three races may be listed.

17. Usual Occupation – Type of work most of life (not "retired") | 18. Kind of Business (e.g. grocery, road construction, etc.) | 19. Years in Occupation

20. Decedent's Residence (Street and number of location)

21. City | 22. County | 23. Zip Code | 24. Years in County | 25. State/Country

26. Informant's Name | 27. Relationship | 27. Informant's Mailing Address (Street, number, rural route no, city, state, zip)

28. Name of Surviving Spouse – First | 29. Middle | 30. Last (Maiden Name)

31. Name of Father – First | 32. Middle | 33. Last | 34. Birth State/Ctry

35. Name of Mother – First | 36. Middle | 37. Last (Maiden Name) | 38. Birth State/Ctry

39. Disposition Date | 40. Place of Final Disposition

41. Type of Disposition | 42. Embalming ☐ Yes ☐ No | Cremation ☐

44. Name of Funeral Establishment | 45. License Number | 113A. If female, pregnant in last year? ☐ Yes ☐ No ☐ Unknown

101. Place of Death | 102. If hospital, specify one ☐ IP ☐ ER/OP ☐ DOA | 103. If other than hospital, specify one ☐ Hospice ☐ Nursing Hm/LTC ☐ At Home ☐ Other

104. County | 105. Facility Address (street and number) or Location Where Found | 106. City

Doctor's Name | Doctor's Phone | Doctor's Fax

Vitals Verified By (print) | Signature x

Notes

Check one: C ☐ CA ☐ NC ☐ (for office use only)

Stationary Contact's Email: _____

Death Certificate Disposition Information

Number of DCs _____ Release DCs to _____

Number to be held for: Relationship _____

Insurance _____ Address _____

Phone _____