

# California Cremation Society

Statistical Information required for death certificate

Deceased First Name Middle Name Last name

(AKA- Also Known As) First Name Middle Name Last name

Sex \_\_\_\_\_, Race \_\_\_\_\_, Highest Degree of education \_\_\_\_\_

Birth date \_\_\_\_\_, Birthplace \_\_\_\_\_  
(State or Foreign Country)

Social Security Number \_\_\_\_\_

Usual Residence \_\_\_\_\_  
Street City State Zip

Years in County \_\_\_\_\_ County \_\_\_\_\_ Phone No. \_\_\_\_\_

Primary Occupation \_\_\_\_\_ Number of Years \_\_\_\_\_  
(Before Retirement) (this Occupation)

Employer \_\_\_\_\_ Kind of Industry \_\_\_\_\_  
(If Self employed, So State) (Or Business)

Married, Never married, Divorced, Widow, (Specify) \_\_\_\_\_

Name of Spouse \_\_\_\_\_  
(If wife, give Maiden Name)

Father's Name \_\_\_\_\_ Birthplace \_\_\_\_\_  
First Middle Last (State or Foreign Country)

Mother's Maiden Name \_\_\_\_\_ Birthplace \_\_\_\_\_  
First Middle Maiden Last (State or Foreign Country)

If Veteran: Date of enlistment \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Yes No Serial No: \_\_\_\_\_ Branch of Service \_\_\_\_\_

Person in charge of arrangements \_\_\_\_\_  
First Middle Last

Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Alternate in charge of arrangements \_\_\_\_\_  
First Middle Last

Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**SIGN** Signature \_\_\_\_\_ Date \_\_\_\_\_