

# The Death Certificate

A death certificate is a legal document signed by the attending physician or county coroner indicating the cause of death and other vital statistics pertaining to the decedent.

Your funeral counselor at Allen Mortuary will prepare and file the death certificate with the appropriate governmental agency. In addition, your funeral director will process your original order for death certificates with the appropriate agency. Additional copies may be ordered at any time directly from the county or state agency responsible for its vital statistics or from Allen Mortuary.

Certified copies of the death certificate are needed to apply for benefits due the family, to sell or transfer ownership of property, to gain access to safety deposit boxes and bank accounts, etc.

To assist us in completing the death certificate, please provide the following information required by the State of California.

LOVED ONE'S FIRST NAME				MIDDLE NAME				LAST NAME (FAMILY)				GENDER	
BIRTH DATE MO   DAY   YEAR				BIRTH CITY				BIRTH STATE OR COUNTRY					
SOCIAL SECURITY #				MILITARY SERVICE BRANCH _____ YEARS SERVED _____				MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced					
EDUCATION – HIGHEST GRADE LEVEL / DEGREE (CHECK ONE)													
<input type="checkbox"/> Grade Level _____ <input type="checkbox"/> Some College <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate													
DECEDENT'S RACE			USUAL OCCUPATION				KIND OF BUSINESS OR INDUSTRY				YEARS IN OCCUPATION		
PERMANENT ADDRESS				CITY				STATE		ZIP		COUNTY	
YEAR ARRIVED IN THIS COUNTY			YEAR ARRIVED IN THIS STATE			SPOUSE'S FIRST NAME			MIDDLE NAME		LAST NAME (MAIDEN)		
FATHER'S FIRST NAME			MIDDLE NAME		LAST NAME				BIRTH STATE OR FOREIGN COUNTRY				
MOTHER'S FIRST NAME			MIDDLE NAME		LAST NAME (MAIDEN)				BIRTH STATE OR FOREIGN COUNTRY				
PERSON PROVIDING THIS INFORMATION (INFORMANT) FIRST NAME				MIDDLE NAME				LAST NAME				RELATIONSHIP	
INFORMANT'S MAILING ADDRESS				CITY				STATE		ZIP		PHONE NUMBER	

