

# 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.

A funeral counselor at Allen Mortuary will prepare and file the death certificate with the appropriate governmental agency. In addition, the funeral director will process the 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.

<b>DECEDENT PERSONAL DATA</b>	1. NAME OF DECEDENT – FIRST (Given)		2. MIDDLE		3. LAST (Family)			
	AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months    Days	IF UNDER 24 HOURS Hours    Minutes	6. SEX
	9. BIRTH-CITY/STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	MILITARY SERVICE BRANCH _____ YEARS SERVED _____ <input type="checkbox"/> NONE		MARITAL STATUS	7. DATE OF DEATH mm/dd/ccyy		8. HOUR (24 hours)
	13. EDUCATION - (Highest degree completed)	14./15. WAS DECEDENT SPANISH/HISPANIC/LATINO <input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____		16. DECEDENT'S RACE – Up to 3 races may be listed				
17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
<b>USUAL RESIDENCE</b>	20. RESIDENCE (Street and number or location)							
	21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY	
<b>INFORMANT</b>	26. NAME, RELATIONSHIP			MAIN CONTACT # (CELL)		ALTERNATIVE # (HOME)		
	27. MAILING ADDRESS (Number and Street or P.O.Box)			NAME OF ALTERNATIVE CONTACT PERSON				
	CITY	STATE	ZIP	PHONE NUMBER				
<b>SPOUSE &amp; PARENT INFORMATION</b>	28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)			
	31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
	35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (Maiden)		38. BIRTH STATE	

