

Print this form, fill in the death certificate information and fax or email it to:

**Cremation Society of Orange Coast** (Lic. # FD 1704) **FAX # (714) 740-2764** **Email: Director@cremationoc.com**

(All questions must be answered. If you do not know the answer, simply write *Unknown* in the space)

1. Name of the **Deceased**:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

2. Did the **Deceased** go by any other name on legal documents?

AKA (Also Know As) - If yes, include full name - If no, leave blank \_\_\_\_\_

3. **Deceased's** date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

4. State or Foreign Country of Birth: \_\_\_\_\_

5. Social Security Number of the **Deceased**: \_\_\_\_\_

6. Was the **Deceased** Ever in the U.S. Armed Forces? \_\_\_\_\_

7. What is the **Deceased's** marital status? ( ) Married ( ) Widowed ( ) Divorced ( ) Never Married

8. What is the highest level/degree of education obtained by the **Deceased**? \_\_\_\_\_  
(High school, AA, BA, PhD)

9. What is the **Deceased's** race? You may enter up to three races.

\_\_\_\_\_

10. If Race is other, please specify: \_\_\_\_\_

11. If Race is American Indian, please specify Tribe (s): \_\_\_\_\_

12. What was the **Deceased's** last known occupation before retirement?

The type of work done for most of his/her life. Do not use RETIRED. \_\_\_\_\_

13. What kind of business or industry did the **Deceased** work in?

(e.g., Grocery store, road construction, employment agency, ect) \_\_\_\_\_

14. How many years did the **Deceased** work in this occupation? \_\_\_\_\_

15. Where is the **Decedent's** residence? (Physical address. No P.O. Boxes please.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Province: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

16. How many years did the **Deceased** live in the County/Province? (Total number of years) \_\_\_\_\_

17. What is the name of the person providing this information?

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

18. What is the informant's Relationship to the **Deceased**? \_\_\_\_\_

19. What is the Mailing address of the person providing this information?

(Street and number or rural route number, city, or town, state, ZIP)

Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Province: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

20. What is the name of the **Deceased's** Spouse? (If married)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

21. What is the **Deceased's** Father's Name?

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

22. What state/foreign country was the **Deceased's** father born in? \_\_\_\_\_

23. What is the **Deceased's** Mother's Name?

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

24. What state/foreign country was the **Deceased's** mother born in? \_\_\_\_\_

25. Where is the **Deceased's** final place of disposition going to be?

\_\_\_\_\_

**If the remains are to be buried please put down the name and location of the cemetery. In the case of cremation, if the remains are going to a personal residence, please put down the name of the person in charge of the cremated remains and their address. If the cremated remains are going to be scattered, please put down the place where the scattering will take place.**

**To the best of my knowledge, the information on this page is correct and accurate. I understand that this information will be used to complete the Death Certificate that will become a permanent record with the state of California. Further, I understand that any information left blank on this form will be listed on the Death Certificate as "UNKNOWN" and any incorrect information or misspellings will also be listed on the Death Certificate as it appears on this form. I will hold the Cremation Society of Orange Coast harmless for any mistakes or incorrect information submitted on this form.**

Signature of the person providing this information: \_\_\_\_\_