

# Information Necessary For the State of California

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

AKA: \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

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

U.S. Military Service: No  Yes  If "Yes, which branch?"

Marital Status (Circle one) Never Married Married Divorced Widowed

If married, full name of spouse (including maiden) \_\_\_\_\_

Education: 1-2-3-4-5-6-7-8-9-10-11-12/HS graduate/Some college/Associates/Bachelors/Masters/Doctors

Race: \_\_\_\_\_ Hispanic?: (circle one) Yes No

Occupation (Retired Not Applicable): \_\_\_\_\_ How Long?: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

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

How long in County listed above?: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_ Father's Birthplace (State or Country): \_\_\_\_\_

Full Name of Mother (Include Maiden Name): \_\_\_\_\_ Mother's Birthplace (State or Country) \_\_\_\_\_

## Doctor's Information

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

## Next of Kin Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

No. of Death Certificates Needed: \_\_\_\_\_

Place of Final Disposition: \_\_\_\_\_