



## CERTIFICATE OF DEATH WORKSHEET

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.		6. SEX		
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/ccyy		
13. EDUCATION - Highest Level/Degree		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			
20. DECEDENT'S RESIDENCE (Street and number or location)										
21. CITY			22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
26. INFORMANT'S NAME, RELATIONSHIP				27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)						
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	
39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION								
41. TYPE OF DISPOSITION(S)				42. SIGNATURE OF EMBALMER				43. LICENSE NUMBER		
44. NAME OF FUNERAL ESTABLISHMENT				45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/ccyy		

***By signing below, I/we certify all information that I/we have provided (Items 1-38) is true and correct to the best of my/our knowledge and give my/our consent to DeerCreek Funeral Service to use the information provided.***

Print Name	Sign Name	Date Signed
Print Name	Sign Name	Date Signed

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