Ramsey Wallace Funeral Home & Chapel Inc. (FD 2137)

1831 Howe Avenue - Suite B,
Sacramento, CA 95825 -(916)891-0500

DEATH CERTIFICATE WORKSHEET

DECEDENT PERSONAL INFORMATION					
1)Name of Decedent: First	2) Middle:	3) Last:	AKA:		
4) Date of Birth:	5) Age:	6) Sex:	7) Date of Death:	8) Hour:	
9) Birth State:	10) Social Security # :	11) US Armed Forces?:	Discharge Details:		
12) Marital Status:	13) Highest Education /Degree	14/15)Hispanic Origin:	16) Race:		
17) Usual Occupation: Job Performed most DO NOT USE "RETIRED"		18) Business/Industry:	19) Years in Occupation:		
20) Residence: Number and Street:					
21) City	22) County/Province	23) Zip Code	24) Years in County	25) State/Foreign Country	

DECEDENT FAMILY INFORMATION			
26) Informants Name, Relationship	27) Informants Mailing Address		
28) Name of Surviving Spouse/SRDP- First:	29) Middle	30) Last	
31) Name of Father/Parent- First:	32)Middle	33) Last	34) Birth State
35) Name of Mother/Parent- First:	36) Middle	37) Last	38) Birth State

FUNERAL HOME AND DIPOSITION INFO			
39) Disposition Date	40) Place of Final Disposition		
41) Type of Disposition	42) Signature of Embalmer		43) License Number
44) Name of Funeral Establishment	45) License Number	46)Signature of Registrar	47) Date:
101) Place of Death	102) If Hospital- IP, ER/OP, DOA	103)If not hospital:	
104) County	105) Location/Address Where Found	106)City	
Physicians Name:	Physicians Phone:	Physicians Fax:	

By submitting this form, I am affirming, under the penalties of perjury, that the information above is correct and accurate to the best of my knowledge. Any additions or corrections to the certified death certificates matching the information above will be made at my expense.

Informant's Signature: _____ Relationship: _____ Contact: _____

Informant's Name: _____ Date: _____

For more information on Funeral, Cemetery, and Cremation matters, contact: Department of Consumer Affairs, Cemetery and Funeral Bureau, 1625 North Market Blvd. Suite S-208 Sacramento, CA, 95834, (916) 574-7870 www.cfb.ca.gov