



EDDINGTON FUNERAL SERVICES

FD #2102

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www.EFSCares.com

The following information is needed to assist us in filling out a State of California "Death Certificate":

- 1) _____ First Name (as listed on birth certificate)
- 2) _____ Middle Name (as listed on birth certificate)
- 3) _____ Last Name (as listed on birth certificate or legally married name)
- 4) _____ Date of Birth (enter month, day, & year)
- 5) _____ Current Age
- 6) _____ Sex (enter male or female)
- 7) _____ City of Birth
- 8) _____ State of Birth (if foreign country – enter country)
- 9) _____ Social Security Number
- 10) _____ Military Service (enter yes or no) 10a) Branch of Service _____
- 11) _____ Military Entry Year _____ Discharge Year (if not applicable enter N/A)
- 12) _____ Marital Status (married, never married, divorced, widow or widowed)
- 13) _____ Education (list highest grade achieved in school)
- 14) _____ Race (Caucasian, White, Black, Mexican, American Indian, Japanese, etc.)
- 14a) _____ Hispanic: Yes or No 14b) Specify – Mexican / Latino / Spanish (Circle one)
- 15) _____ Employer (during working life)
- 16) _____ Primary Occupation during working life
(re. Homemaker, Physician, Teacher, Banker, etc.)
- 17) _____ Kind of Business during working life
(re: Homemaking, Medical, Education, Financial, etc.)
- 18) _____ # Years in Occupation during working life
(accumulative for 1 or more employers)
- 19) _____ Current Home Address (number & Street only)
- 20) _____ City of Residence
- 21) _____ County of Residence
- 22) _____ Zip Code
- 23) _____ # of Years lived in County
- 24) _____ What State does he/she reside in?

- 25) _____ **Name of Informant (name of surviving spouse or next of Kin)**
- 26) _____ **Current Mailing Address of the Informant (number and street)**
- 27) _____ **City Residence of Informant**
- 28) _____ **State Residence of Informant**
- 29) _____ **Phone Number of Informant**
- 30) _____ **Name of Surviving Spouse (first, middle, last)**
 (if wife – list maiden name)
- 31) _____ **Father's First Name**
- 32) _____ **Father's Middle Name**
- 33) _____ **Father's Last Name**
- 34) _____ **Father's State of Birth**
- 35) _____ **Mother's First Name**
- 36) _____ **Mother's Middle Name**
- 37) _____ **Mother's Maiden Last Name**
- 38) _____ **Mother's State of Birth**
- 39) _____ **Name of Physician** **Phone #** _____
- 40) _____ **Does Client desire Burial or Cremation**
- 41) _____ **Does Client have cemetery property (enter yes or no)**
- 42) _____ **Cemetery City & State (if not applicable enter N/A)**
- 43) _____ **Religious Preference**

Other Information Needed

Certified Copies of Death Certificate – A special notarized copy of the death certificate may be needed for insurance, stocks & bonds, bank accounts, estate settlements, or for an attorney's use. You will need to determine number needed.

Obituary Information – Make a list of all family members, including city & state of residence. This list should include spouse, sons & daughters, mother & father, sisters & brothers, and the number of grandchildren (including great and great-great grandchildren). If small family exists, list names of grandchildren. Include memberships in church, fraternal organizations, and clubs. Include hobbies, interests, years of marriage, and any other important memorable events. Specifics about a person's occupation may be included.