

DEATH CERTIFICATE INFORMATION & VERIFICATION OF
VITAL STATISTICS

Time

Date Signed

(DECEDENT VITAL STATISTIC INFORMATION)

FIRST NAME		MIDDLE NAME		LAST NAME		JR/SR/II
AKA		SOCIAL SECURITY NUMBER		BIRTHDATE		AGE SEX
BIRTH CITY		BIRTH STATE/COUNTRY		MILITARY—(If Yes, Branch) <input type="radio"/> No <input type="radio"/> Yes _____		MARITAL STATUS
EDUCATION—Highest Attained		HISPANIC ETHNICITY		DECEDENT RACE—Up to Three Choices		
USUAL OCCUPATION—Type of Work Most of Life			KIND OF BUSINESS OR INDUSTRY			YEARS—Occupation
DECEDENT STREET ADDRESS					APT/UNIT	RESIDENCE PHONE
CITY		COUNTY		YEARS—In County		ZIPCODE STATE

(INFORMANT)

INFORMANT—First Name		MIDDLE		LAST		JR/SR/II (Etc)	INF PHONE
INF MAILING ADDRESS			APT/UNIT	CITY		STATE	ZIP CODE RELATIONSHIP or SELF

(SPOUSE)

SURVIVING SPOUSE FIRST NAME		MIDDLE NAME		MAIDEN—Birth Name		MARRIED NAME	
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(PARENTS)

FATHER'S NAME—First		MIDDLE NAME		LAST NAME		BIRTH STATE & COUNTRY	
MOTHER'S NAME—First		MIDDLE NAME		LAST NAME—(Maiden)		BIRTH STATE & COUNTRY	

FINAL RESTING PLACE—Disposition Place or Name			ADDRESS—Street, City, State & Zip Code		
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OTHER NAME		RELATIONSHIP		PHONE		EMAIL	
OTHER NAME		RELATIONSHIP		PHONE		EMAIL	
OTHER NAME		RELATIONSHIP		PHONE		EMAIL	

I/WE STATE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE DO HEREBY AUTHORIZE THE USE OF THIS INFORMATION ON THE CALIFORNIA DEATH CERTIFICATE AND ANY OTHER DOCUMENTS RELATED TO THIS ARRANGEMENT FOR THE ABOVE NAMED DECEDENT.

Signed: _____ Date _____

Signed: _____ Date _____

REMARKS: _____

FOR OFFICE USE ONLY:

POD _____

ADDR _____

WT _____ M/D—Describe _____

POD TYPE: _____ DD: _____ TOD _____

DISPO: _____ DB: _____ AGE _____

DC's _____ PMT's _____ COUNTY _____

FIRM: _____

Arranger

AUTHORIZATION TO RELEASE HUMAN REMAINS

TO _____

THE UNDERSIGNED HEREBY AUTHORIZES AND REQUESTS RELEASE OF THE REMAINS OF:

Name: _____

TO: _____, including its agents.

The above named funeral home, including its agents, is hereby authorized to sign on the undersigned's behalf, any and all other authorizations that may be required to secure release of the above named decedent and any personal effects.

The undersigned further represents that they have the legal right to make this authorization.



Signed	Relationship	Date	
Address	City	State	Telephone

**IF AUTHORIZATION TO RELEASE REMAINS IS GRANTED ORALLY (BY TELEPHONE)
COMPLETE THE FOLLOWING:**

Name _____ Relationship _____

City _____ State _____ Zip _____ Phone _____

Date & Time authorization granted _____ at _____ AM PM

Signature of person accepting this authorization _____

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: _____
(Funeral Establishment Name)

RE: _____
(Decedent)

Embalming is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. **I understand that embalming is not required by law.**

I, _____, do ___ do not ___ (check one) request embalming. I understand that for storage or embalming purposes the decedent may be transported to the following location:

Yost & Webb Funeral Home, 1002 T Street, Fresno, California 93721
(Location Name and Address)

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: _____, Relationship to Decedent: _____

Executed this date _____, at Fresno, California.

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained orally.

The above statement regarding embalming and storage was read and/or provided to _____, Relationship to Decedent: _____, who did ___ did not ___ (check one) authorize embalming at the above named funeral establishment. Telephone Number: _____ Date and time authorization granted: _____

This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this date _____ at Fresno, California

Funeral Establishment Representative (Print Name)

Funeral Establishment Representative (Signature)

Disclosure of Preneed Funeral Agreement

The funeral establishment, _____,
(funeral establishment name)
license number _____, **DOES** _____, **DOES NOT** _____ (check one) have a preneed arrangement, as
defined below, made by or on behalf of _____.
(name of decedent)

If the funeral establishment **does have** a preneed agreement, complete the following:

In compliance with Business and Professions Code Section 7745, the funeral establishment has presented to the person named below a copy of any preneed agreement which has been signed and paid for in full, or in part by, or on behalf of the deceased and is in the possession of the funeral establishment.

Signature of funeral establishment representative

Date

“Preneed arrangement,” "preneed agreement" or "preneed" is written instruction regarding goods or services or both goods and services for final disposition of human remains when the goods or services are not provided until the time of death, and may be either unfunded or paid for in advance of need.

Funeral Establishment's Responsibility – Business and Professions Code Section 7745 requires a funeral establishment to present to the survivor of the decedent or the responsible party a copy of any preneed agreement in its possession which has been signed and paid for in full, or in part by, or on behalf of the deceased. Business and Professions Code Section 7685.6 requires a copy of any preneed arrangements to be disclosed prior to drafting any contract for funeral goods or services. The funeral establishment may present the copy in person, by certified mail, or by facsimile transmission, as agreed upon by the person with the right to control disposition. A funeral establishment that knowingly fails to present a preneed agreement as required is liable for a civil fine equal to three times the cost of the preneed agreement, or one thousand dollars (\$1,000), whichever is greater.

You may contact the Cemetery and Funeral Bureau for more information on funeral, cemetery or cremation matters or to file a complaint against a licensee:

Cemetery and Funeral Bureau
1625 North Market Blvd., Suite S-208
Sacramento, CA 95834
916-574-7870

Signature of the survivor or responsible party

Date

Print name of the survivor or responsible party

Signature of funeral establishment representative

Date

Print name of funeral establishment representative

Title

The funeral establishment must:

- Give a copy of the completed statement to the survivor or responsible party.
- Retain the original or a copy of the completed disclosure statement on file for not less than one (1) year after the preneed account has been audited by the Bureau or seven (7) years from the date the disclosure statement was made, whichever comes first.