

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
 USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS
 VS-11 (REV 1/03)

City of Birth _____

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT – FIRST (Given)		2. MIDDLE		3. LAST (Family)		
	AKA ALSO KNOWN AS – Include full AKA			4. DATE OF BIRTH mm/dd/ccyy		5. DATE OF DEATH mm/dd/ccyy	6. SEX
	7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NO.		9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS* <small>*SINGLE IS NOT ACCEPTED</small>
	11. EDUCATION – Highest Level/Degree		12/13 WAS DECEDENT: SPANISH / HISPANIC / LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO		14. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)		
	15. USUAL OCCUPATION – TYPE OF WORK FOR MOST LIFE. DO NOT USED RETIRED			16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			17. YEARS IN OCCUPATION
USUAL RESIDENCE	18. DECEDENTS RESIDENCE: (Street and number or location)						
	19. CITY		20. COUNTY/PROVINCE		21. ZIP CODE	22. YEARS IN COUNTY	23. STATE/FOREIGN COUNTRY
	24. INFORMANT'S NAME, RELATIONSHIP			25. INFORMANT'S MAILING ADDRESS (Street and number or rural route, city or town, state, ZIP)			
SPOUSE AND PARENT INFORMATION	26. NAME OF SURVIVING SPOUSE – FIRST		27. MIDDLE		28. LAST (Maiden Name)		
	29. NAME OF FATHER – FIRST		30. MIDDLE		31. LAST	32. BIRTH STATE or COUNTRY	
	33. NAME OF MOTHER – FIRST		34. MIDDLE		35. LAST (Maiden Name)	36. BIRTH STATE or COUNTRY	
DISPOSITION /	37. PLACE OF FINAL DISPOSITION (Full Address Required) (Location Required: name of person's residence and complete address, or name of cemetery and address, or scatter at sea. Please state one.)				38. TYPE OF DISPOSITION <input type="checkbox"/> Residence <input type="checkbox"/> Cemetery <input type="checkbox"/> Scatter at Sea		39. EMBALMING <input type="checkbox"/> YES <input type="checkbox"/> NO
	40. NAME OF FUNERAL ESTABLISHMENT CHAPMAN FUNERAL HOMES						
PLACE OF DEATH	41. PLACE OF DEATH			42. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		43. IF OTHER THAN A HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TLC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	44. COUNTY		45. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			46. CITY	

Are you planning a Funeral Service or a Memorial Service? YES NO Where? _____ When? _____

Informant Contact/Phone Number(s) Home _____ Cell _____

Email (Required) _____ Cell _____

_____ You understand that in the cremation process, we allow the legal next of kin to communicate and get an update if needed. The Legal next of kin, and only the legal next of kin as, so stated by law in the Cemetery and Funeral Bureau, Health and Safety codes, section 7100, that the legal next of kin and/or the legal informant will only be given information. As the legal next of kin, and/or legal informant, understand and agree that only one person can and will pick up the cremated remains, and/or personal belongings. You as the legal next of kin, and/or legal informant authorize the following one (1) person _____ to pick up cremated remains. If your request is for the Funeral Home to deliver said cremated remains, you select this option, you authorize Chapman Funeral Homes to deliver to _____, by the date _____. You understand that additional charges may be required, and must be paid in full before requested delivery date. This will also apply to any shipping costs.

SIGNED: **X**

DEATH CERTIFICATE REQUEST

#OF DEATH CERTIFICATES _____

MAIL TO: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

DOCTOR: _____ PHONE: _____

ADDRESS: _____ FAX: _____

TIME AVAILABLE: _____