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? ☐ YES ☐ NO ☐ UNK	10. MARITAL STATUS* *SINGLE IS NOT ACCEPTED
11. EDUCATION – Highest Level/Degree	12/13 WAS DECEDENT: SPANISH / HISPANIC / LATINO? ☐ YES ______ ☐ 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

INFORMANT

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 ☐ Residence ☐ Cemetery ☐ Scatter at Sea	39. EMBALMING ☐ YES ☐ NO
40. NAMEOF FUNERAL ESTABLISHMENT Sunnyside Cremation and Funeral		

PLACE OF DEATH

41. PLACE OF DEATH	42. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA	43. IF OTHER THAN A HOSPITAL, SPECIFY ONE ☐ Hospice ☐ Nursing Home/TLC ☐ Decedent's Home ☐ 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 Sunnyside Cremation and Funeral 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: ____