## **CERTIFICATE OF DEATH**

STATE OF CALIFORNIA

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

City of Birth										
***********	1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	2. MIDDLE			3. LAST (Family)			
DATA										
NAL DA	AKA ALSO KNOWN AS - Include full AKA			4. DATE OF BIRTI		суу	y 5. DATE OF DEATH mm/dd/ccyy		6. SEX	
DECEDENT'S PERSONAL	7.BIRTH STATE/FOREIGN COUNTRY 8. SOCIA		CIAL SECURITY NO.		9. EVER IN	U.S. ARMED FOR	RCES?	10. MARIT	AL STATUS*	
NT'S	11. EDUCATION – Highest Level/Degree 12/13 WAS DECEDENT: SPANISH / HISPANIC / LATINO? 14. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)								S NOT ACCEPTED	
ECEDE	15, USUAL OCCUPATION – TYPE OF WORK FO	YES	16 KIND OF BUSINES	NO NO	grocery store, roa	d construction, en	nployment agency, etc.)	17. YEARS IN	OCCUPATION	
ā	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									
NCE	18. DECEDENTS RESIDENCE: (Street and number or location)									
USUAL RESIDENCE	19, CITY	20, COUNTY/PROVINCE	21. ZIP GODE		22, YEARS IN C	OUNTY 2	3. STATE/FOREIGN COUNTRY	,		
	24. INFORMANT'S NAME, RELATIONSHIP		25. INF	ORMANT'S MAILING A	DDRESS (Street a	and number or rur	ral route, city or town, state, ZIP	)		
N AM	26. NAME OF SURVIVING SPOUSE – FIRST		27. MIDDLE	27. MIDDLE			28. LAST (Malden Name)			
PAREN TON			20 MISDUE				31, LAST 32. BIRTH STATE or COUNTR			
AND I	29, NAME OF FATHER – FIRST		30. MIDDLE	30. MIDDLE			31. LAST		31/12 0/ 000111	
SPOUSE AND PARENT   INFOR INFORMATION   MANT	33. NAME OF MOTHER FIRST		34. MIDDLE	34, MIDDLE			35, LAST (Maiden Name)		36. BIRTH STATE or COUNTR	
	37, PLACE OF FINAL DISPOSITION (Full Address Required) (Location Required: name of person's residen		dence and complete address, or nam	e and complete address, or name of cemetery and address, or scatter at sea. Ple					39. EMBALMING	
DISPOSITION/	40. NAMEOF FUNERAL ESTABLISHMENT						sidence Cemetery			
DISF	41. PLACE OF DEATH  42. IF HOSPITAL, SPECIFY ONE: 43. IF OTHER THAN A HOSPITAL, SPECIFY ONE									
유	41. PLACE OF DEATH	vM <sub>s.</sub>		IP IP	ER/OP	DOA	Hospice Nursing	Decede	-	
PLACE OF DEATH	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 (Req	uired)		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										
210	NED:					***************************************				
#OF DEATH CERTIFICATES										
MAIL TO: ADDRESS:										
1	TY; STATE; ZIP; TELEPHONE;									
DOCTOR:PHONE:										
1			FAX:							
TIME AVAILABLE:										