

CERTIFICATE OF DEATH

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

City of Birth _____

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE AND PARENT INFORMATION, DISPOSITION, PLACE OF DEATH. Includes fields for name, birth date, death date, sex, education, occupation, residence, informant, and disposition.

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: _____