



BAY AREA MORTUARY ~ VITAL INFORMATION FORM



(Required for non-Medical portion of the Death Certificate)

Please type or print as clearly as possible. All information will be transcribed onto the official death certificate. THANK YOU.

1. NAME OF DECEDENT- FIRST		2. MIDDLE		3. LAST		
4. AKA. ALSO KNOWN AS ~ Include full AKA (FIRST, MIDDLE, LAST)			5. DATE OF BIRTH mm/dd/yyyy	6. AGE	7. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
8. BIRTH STATE/ FOREIGN COUNTRY		9. SOCIAL SECURITY NUMBER		10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
11. MARITAL STATUS (Check One) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CALIF. REG. DOMESTIC PARTNER <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN						
12. EDUCATION - HIGHEST LEVEL / DEGREE		13. WAS DECEDENT SPANISH/HISPANIC/LATINO <input type="checkbox"/> YES: _____ <input type="checkbox"/> NO			14. RACE	
15. OCCUPATION - Type of work most of life. DO NOT USE RETIRED			16. KIND OF BUSINESS (e.g. grocery store, education, etc.)		17. YEARS IN OCCUPATION	
18. DECEDENT'S HOME ADDRESS (Street and number)						
19. DECEDENT'S CITY OF RESIDENCE		20. COUNTY/PROVINCE	21. YEARS IN COUNTY	22. STATE/FOREIGN COUNTRY	23. ZIP CODE	
24. INFORMANT'S NAME		25. RELATIONSHIP	26. INFORMANT'S MAILING ADDRESS (Street and number)			
27. INFORMANT'S CITY, STATE, AND ZIP			28. INFORMANT'S PHONE NUMBER (with Area Code)			
29. NAME OF SPOUSE (If living)		30. MIDDLE		31. LAST (If wife, enter Maiden Name)		
32. NAME OF DECEDENT'S FATHER- FIRST		33. MIDDLE		34. LAST		35. BIRTH STATE
36. NAME OF DECEDENT'S MOTHER- FIRST		37. MIDDLE		38. LAST (Maiden Name)		39. BIRTH STATE
40. FINAL DISPOSITION (Check One) IF CREMATION - FINAL DISPOSITION OF CREMATED REMAINS (Check One) <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> RESIDENCE <input type="checkbox"/> SEA SCATTER						
41. PLACE OF FINAL DISPOSITION - FULL NAME, ADDRESS AND ZIP OF PERSON(S) WHO WILL KEEP CREMAINS AT THEIR RESIDENCE, OR CEMETERY NAME, ADDRESS AND ZIP OR LOCATION WHERE CREMAINS ARE TO BE SCATTERED						
42. PHYSICIAN'S NAME			43. PHYSICIAN'S PHONE AND FAX PH: FAX:		44. NUMBER OF CERTIFIED COPIES (of Death Certificate)	
45. PHYSICIAN'S ADDRESS			46. HOW DID YOU HEAR ABOUT US?			

I have read the above information and state that that it is true and correct and release Bay Area Mortuary Services from any charges that may occur in the correction of the original death certificate due to this information.

SIGN HERE

SIGNATURE: _____

DATE: _____