

**Vital Statistics Worksheet - American Cremation Service**

REVISED 12/31/13

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American Kearny Mesa  
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American Carlsbad  
(760) 729-9182

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Please complete death certificate worksheet and return to appropriate office above. If you have any questions, please feel free to contact the appropriate office above. Information provided on this form will be used verbatim on the death certificate. In accordance with CA law, a death certificate must be filed within 7 days of the date of death, as long as the medical section has been completed by the doctor and accepted by the Health and Human Services Department. Any information not supplied by the informant MUST be listed as unknown. **We reserve the right to change the Occupation or Industry items to conform with the State of California Guidelines.**

NAME OF DECEDENT - FIRST		MIDDLE		LAST			
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) and list only one (1)						DATE OF BIRTH	SEX
BIRTH STATE/FOREIGN COUNTRY	SOCIAL SECURITY NUMBER		EVER IN US ARMED FORCES? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK		MARITAL STATUS (at time of death) <input type="radio"/> NEVER MARRIED <input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> WIDOWED <input type="radio"/> SRDP		
EDUCATION (highest level/degree)	WAS DECEDENT LATINO? (if yes, specify: Mexican, Nicaraguan, etc.) <input type="radio"/> YES _____ <input type="radio"/> NO			DECEDENT'S RACE (up to three (3) may be listed)			
USUAL OCCUPATION List only one (1). Give type of work for most of life ( <i>NOT RETIRED</i> ).			KIND OF BUSINESS OR INDUSTRY List only one (1) (e.g. construction)			YEARS IN OCCUPATION	
DECEDENT'S RESIDENCE (street number or location)			CITY	COUNTY	ZIP CODE	YEARS IN COUNTY	STATE/FOREIGN COUNTRY
PERSON SUPPLYING INFORMATION, RELATIONSHIP, AND MAILING ADDRESS							
PRIMARY DOCTOR WHO WILL COMPLETE DEATH CERTIFICATE (list all and include contact information)							
NAME OF SURVIVING SPOUSE - FIRST		MIDDLE		LAST ( <b>MAIDEN name</b> if applicable)			
NAME OF DECEDENT'S FATHER - FIRST		MIDDLE		LAST		BIRTH STATE	
NAME OF DECEDENT'S MOTHER - FIRST		MIDDLE		LAST ( <b>MAIDEN name</b> )		BIRTH STATE	
FINAL RESTING PLACE OF DECEDENT OR CREMATED REMAINS If residence or cemetery, please supply full name and address.					CIRCLE ONE: CREMATION    BURIAL		EMBALMING?    YES NO
I hereby attest that I provided the foregoing information and believe that said information is true and correct to the best of my knowledge. I have <b>read and reviewed</b> it for accuracy and understand there will be a minimum charge of <b>\$75.00</b> plus the cost of replacement of certified copies of the death certificate and/or permit, to be paid by the informant, to amend the death certificate after certified copies are issued.					SIGNATURE OF INFORMANT		DATE AND TIME
					If the doctor has not provided information in a reasonable time, you may reach me at: Phone: _____ Email: _____		