

**Cremation Society of Central California - FD-1374**  
3037 Tulare Street, Fresno, California 93721  
(559) 237-3579 Fax (559) 266-3510

**Death Certificate Information Form**

(Statistical information required by the State of California to prepare a State Certificate of Death and is kept strictly confidential)

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Legal Residence Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Male  Female Number of years in county \_\_\_\_\_ Highest Level of Education (High School, BA, PhD.) \_\_\_\_\_

Married  Never Married  Divorced  Widowed

United States Veteran:  Yes  No (Please include a copy of military discharge papers)

Birthplace (State or Foreign Country) \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Race \_\_\_\_\_

Occupation (Present or Before Retirement) \_\_\_\_\_ Number of Years \_\_\_\_\_

Employer (Present or Before Retirement) \_\_\_\_\_

Kind of Business \_\_\_\_\_

Fathers Name  
(First, Middle, Last) \_\_\_\_\_ Birth Place \_\_\_\_\_

Mothers Name  
(First, Middle, Maiden Name) \_\_\_\_\_ Birth Place \_\_\_\_\_

Spouse:  
First Name \_\_\_\_\_ Middle \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Name of Person in Charge of Final Arrangements \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Signature \_\_\_\_\_