

**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 \_\_\_\_\_  
Street Number and Address

\_\_\_\_\_  
City State Zip Phone Number

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

Sex:  Male  Female

Marital Status (choose one):  Married  Divorced  Widowed  Never Married

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

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_  
City and State or Foreign Country

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

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

Number of Years in Occupation \_\_\_\_\_ Kind of Business \_\_\_\_\_

Father's Name \_\_\_\_\_ Birth Place \_\_\_\_\_  
First Middle Last State or Foreign Country

Mother's Name \_\_\_\_\_ Birth Place \_\_\_\_\_  
First Middle Maiden State or Foreign Country

Spouse's Name \_\_\_\_\_  
First Middle Maiden

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

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

Address \_\_\_\_\_

Signature \_\_\_\_\_