

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
NO FEES OR CHARGES WITHOUTS OR ALIBATIONS
VS-1 (REV. 2008)

STATE FILE NUMBER _____
LOCAL REGISTRATION NUMBER _____

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs. If UNDER ONE YEAR: Months _____ Days _____ If UNDER 24 HOURS: Hours _____ Minutes _____	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (if yes, see worksheet on back) YES <input type="checkbox"/> NO <input type="checkbox"/>		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
20. DECEDENT'S RESIDENCE (Street and number, or location)		22. COUNTY/PROVINCE		23. ZIP CODE	
21. CITY		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	

26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT		46. SIGNATURE OF LOCAL REGISTRAR	

33. LAST (BIRTH NAME)		34. BIRTH STATE	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
43. LICENSE NUMBER		47. DATE mm/dd/yyyy	

104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
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102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other	
106. CITY		106. CITY	

This is to certify that I/we have provided the information written above and it has been carefully reviewed by me/us, and therefore certify that ever item above is correct, true, accurate in spelling and ready to be transferred to the California State of Death Certificate. I/we understand that only I/we am/are responsible and legally liable for the information provided in this form since I/we are stating here the veracity of it. Furthermore, in the event that there will be a need of any changes in the future to any of the above information, I/we will be fully responsible of all financial charges to process the registration of an amendment to the death record, whether it will be filed locally or at the State Office of Sacramento, CA. This may include, but is not limited to, financial charges from local or State Office of Vital Records Registrar, United States Postal Service (USPS) and for the hire of Groman Mortuary, Inc. services and personnel to process such amendment. I/we affirm my/ our signature below to show our conformity to this certification and therefore release Groman Mortuary, Inc. from any claims, or responsibility whether financial, legal or of any nature in regard to this approval information I/we have submitted here. #DC CHARGED IN THE CONTRACT: # _____ / _____ (Initials)

FOR S/O ASHES ONLY: GMI MAKE PAPERWORK ONLY, IF IS CHARGED. FAMILY WILL S/O ASHES: _____ (INITIALS) _____