

CERTIFICATE OF DEATH WORKSHEET

1. NAME OF DECEDENT --- FIRST			2. MIDDLE			3. LAST (Family)						
AKA. --- (FIRST MIDDLE AND LAST)				4. DATE OF BIRTH mm/dd/ccyy		5. AGE Yrs.		IF UNDER ONE YEAR Months Days		IF UNDER 24 HOURS Hours Minutes		6. SEX
9. BRITH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/ccyy		8. HOUR (24 HOURS)		
13. EDUCATION --- Highest Level/Degree		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO				16. DECEDENT'S RACE --- Up to 3 races may be listed						
17. USUAL OCCUPATION --- (Not Retired)				18. KIND OF BUSINESS OR INDUSTRY				19. YEARS IN OCCUPATION				
20. DECEDENT'S RESIDENCE (Street and number or location)												
21. CITY			28. COUNTY/PROVINCE			23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUN		
26. INFORMANT'S NAME, RELATIONSHIP					27. INFORMANT'S MAILING ADDRESS (Street and numbe or rural route number, city or town, state, ZIP)							
28. NAME OF SURVIVING SPOUSE --- FIRST			29. MIDDLE			30. LAST (Maiden Name)						
31. NAME OF FATHER --- FIRST			32. MIDDLE			33. LAST			34. BIRTH STATE			
35. NAME OF MOTHER --- FIRST			35. MIDDLE			37. LAST (Maiden Name)			38. BIRTH STATE			
39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION										
41. TYPE OF DISPOSITION(S)				42. EMBALMER				43. LICENSE NUMBER				
44. NAME OF FUNERAL ESTABLISHMENT				45. LICENSE NUMBER								
101. PLACE OF DEATH					102. IF HOSPITAL SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA			103. IF OTHER THAN HOSPITAL SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other				
104. COUNTY		105. FACILITY ADDRESS OR LOCATION FOUND (Street and Number or location)						106. CITY				

CONFIRMATION OF ACCURACY

INITIAL I acknowledge that I am responsible for the information on this form. I have reviewed it for accuracy and it is correct.

INITIAL I authorize Welch-Ryce Haider Funeral Chapels to complete the Death Certificate for the above-named as soon as possible using the information I have certified as correct.

INITIAL If any of the above information proves to be incorrect, I authorize Welch-Ryce-Haider Funeral Chapels to amend the Death Certificate, at my request, with the correct information I will provide.

INITIAL If I request replacement certified copies of the amended Death Certificate, I authorize Welch-Ryce-Haider Funeral Chapels to order them at my expense.

SIGNATURE

DATE

DISCLOSURE OF PRENEED FUNERAL AGREEMENT

The funeral establishment, Welch-Ryce-Haider Funeral Chapels, license number FD303

Does Does Not

have a preneed arrangement, as defined below, made by or on behalf of

NAME OF DECEDENT

If the funeral establishment **does have** a preneed agreement, complete the following:

In compliance with Business and Professions Code Section 7745, the funeral establishment has presented to the person named below a copy of the preneed agreement which has been signed and paid for in full, or in part by, or on behalf of the deceased and is in the possession of the funeral establishment.

SIGNATURE OF FUNERAL ESTABLISHMENT REPRESENTATIVE

DATE

"Preneed Arrangement" "Preneed Agreement" or "Preneed" is written instruction regarding goods or services or both goods and services for final disposition of human remains in which the goods or services are not provided until time of death, and may be unfunded or may be paid for in advance of need. Under Business and Professions Code Sections 7685.6 and 7745, a copy of any preneed agreement made by, or on behalf of the decedent that is paid for in full or in part and is in the possession of the funeral establishment must be disclosed and presented to the survivor of the deceased who is handling the funeral arrangements, or the responsible party.

Funeral Establishment's Responsibility — Business and Professions Code Section 7745 requires a funeral establishment to present to the survivor of the decedent or the responsible party a copy of any preneed agreement in its possession which has been signed and paid for in full, or in part by, or on behalf of the deceased. The funeral establishment may present the copy in person, by certified mail, or by facsimile transmission, as agreed upon by the person with the right to control disposition. A funeral establishment that knowingly fails to present a preneed agreement as required is liable for a civil fine equal to three times the cost of the preneed agreement, or one thousand dollars (\$1,000), whichever is greater.

You may contact the Cemetery and Funeral Bureau for more information on funeral, cemetery or cremation matters or to file a complaint against a licensee:

Cemetery and Funeral Bureau
1625 North Market Blvd., Suite S-208
Sacramento, CA 95834

800-952-5210
916-574-7870

SIGNATURE OF THE SURVIVOR OR RESPONSIBLE PARTY

DATE

PRINT NAME OF THE SURVIVOR OR RESPONSIBLE PARTY

SIGNATURE OF FUNERAL ESTABLISHMENT REPRESENTATIVE

DATE

PRINT NAME OF FUNERAL ESTABLISHMENT REPRESENTATIVE

TITLE

The funeral establishment must: • Give a copy of the completed statement to the survivor or responsible party. • Retain the original completed disclosure statement on file for not less than one (1) year after the preneed account has been audited by the Bureau or seven (7) years from the date the disclosure statement was made, whichever comes first.

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: _____
(Funeral Establishment Name)

RE: _____
(Decedent)

Embalming is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. **I understand that embalming is not required by law.**

I, _____, do ___ do not ___ (check one) request embalming. I understand that for storage or embalming purposes the decedent may be transported to the following location:

(Location Name and Address)

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: _____, Relationship to Decedent: _____

Executed this ____ day of _____, _____, at _____.
(Month) (Year) (City and State)

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained orally.

The above statement regarding embalming and storage was read and/or provided to _____, Relationship to Decedent: _____, who did ___ did not ___ (check one) authorize embalming at the above named funeral establishment. Telephone Number: _____
Date and time authorization granted: _____

This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this ____ day of _____, _____, at _____.
(Month) (Year) (City and State)

Funeral Establishment Representative (Print Name)

Funeral Establishment Representative (Signature)