

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
 USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
 VS-11 (REV 3/06)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
<b>DECEDENT'S PERSONAL DATA</b>	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/ccyy
	5. AGE Yrs.	6. SEX	
	9. BIRTH 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/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
13. EDUCATION - Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input type="checkbox"/> NO	16. 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			
<b>USUAL RESIDENCE</b>	20. DECEDENT'S RESIDENCE (Street and number, or location)		
	21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE
	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY	
<b>INFORMANT</b>	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
<b>SPOUSE/SRDP AND PARENT INFORMATION</b>	30. LAST (BIRTH NAME)		
	31. NAME OF FATHER/PARENT-FIRST		32. MIDDLE
	33. LAST		34. BIRTH STATE
	35. NAME OF MOTHER/PARENT-FIRST		36. MIDDLE
<b>FUNERAL DIRECTOR/ LOCAL REGISTRAR</b>	37. LAST (BIRTH NAME)		38. BIRTH STATE
	39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER
	43. LICENSE NUMBER		
	44. NAME OF FUNERAL ESTABLISHMENT <b>Welch-Ryce-Haider Funeral Chapels</b>		45. LICENSE NUMBER <b>FD 303</b>
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/ccyy	
<b>PLACE OF DEATH</b>	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 WHERE FOUND (Street and number, or location)	106. CITY

**IMPORTANT**

**CONFIRMATION OF ACCURACY**

I have read the above information and reviewed it for accuracy.  
 Welch-Ryce-Haider Funeral Chapels is authorized to use it to complete the  
 Death Certificate for the above name decedent.

\_\_\_\_\_

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 FOR DISPOSITION WITH OR WITHOUT EMBALMING**

TO: Welch-Ryce-Haider Funeral Chapels

RE: \_\_\_\_\_ (Decedent)

I, \_\_\_\_\_  Do  Do Not

request embalming, which I understand 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 understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment: Welch-Ryce-Haider Funeral Chapels, 15 East Sola St., Santa Barbara, CA 93101 then returned for funeral services. I understand I may be charged an additional fee for transport.

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

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at City \_\_\_\_\_, State \_\_\_\_\_.

TO BE COMPLETED BY FUNERAL ESTABLISHMENT IF AUTHORIZATION TO EMBALM AND NOTIFICATION TO TRANSPORT IS OBTAINED ORALLY (BY TELEPHONE):

The above statement of authorization and notification was read to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

who  Did  Did Not authorize embalming at the above named funeral establishment.

City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_.

Date and time authorization granted: \_\_\_\_\_  AM  PM

Signature of funeral establishment representative accepting authorization:  
I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at City \_\_\_\_\_, State \_\_\_\_\_.