

Abbey Funeraria

FD 1579
1010 T Street, Fresno, CA 93721
Phone 559-237-4400

Death Certificate Information Form

Statistical information required by the State of California to prepare a State Certificate of Death.
This information is maintained confidentially

Decedent Information:

First Name: _____ Middle _____ Last _____

Legal Residence Address _____

Highest Level of Education (0-12, HS Grad, BA, PhD.) _____ No. of years in County _____ Sex _____

Marital Status: Married _____ Widowed _____ Divorced _____ Never Married _____ SRDP _____ (Choose One)

United States Veteran: Yes _____ No _____ Branch of Service _____

Birthdate _____ Birthplace _____ Age _____

Social Security Number _____ Race _____ Ethnicity _____

Occupation _____ Number of Years in Occupation _____

Kind of Business _____

Spouse's Name _____
(First) (Middle) (Maiden) (Last)

Father's Name _____ Birthplace _____
(First) (Middle) (Last)

Mother's Name _____ Birthplace _____
(First) (Middle) (Maiden)

Person in Charge of Final Arrangements:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Email _____ Phone Number _____

Email _____ Phone Number _____

Signature _____

Date _____