

# Chapel of the Valley

97 Vernon Street, Roseville, California 95678  
Phone 916-797-1448 Fax 916-797-2002

## INFORMATION NECESSARY FOR THE STATE OF CALIFORNIA

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

AKA \_\_\_\_\_ GENDER: MALE OR FEMALE

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Social Security Number: \_\_\_\_\_

U.S. Military Service? Yes  No  if yes, Branch \_\_\_\_\_

Marital Status (Circle One) >Never Married >Married >Divorced >Widowed

If Married, Full Name of Spouse (including Maiden) \_\_\_\_\_

Education: 1-2-3-4-5-6-7-8-9-10-11-12- High School Grad./Some College/ Associates/ Bachelor's/ Master's/ Doctorate

Race \_\_\_\_\_ Hispanic Yes  No

Occupation (Retired Not Acceptable) \_\_\_\_\_ How Long? \_\_\_\_\_

Kind of Business \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

How long in county listed above \_\_\_\_\_

Full Name of Father \_\_\_\_\_ Father's Birthplace (State or Country) \_\_\_\_\_

Full Name of Mother including (Maiden Name) \_\_\_\_\_ Mother's Birthplace (State or Country) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone & or Fax \_\_\_\_\_

Doctor's Full Address \_\_\_\_\_

Name & Address & (Relationship) of Person Handling Arrangements of Deceased:

Family Phone Numbers(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

# of Death Certificates Needed: \$12.00 Per copy \_\_\_\_\_ Mail certificates? \_\_\_\_\_

Place of Final Disposition (CR/RES) (CR/BU) (BU) \_\_\_\_\_