

TODD *Memorial* CHAPEL

Family Owned & Operated Since 1907



Vital Statistical Information

When a death occurs it is the funeral homes responsibility to complete a death certificate and file that with the county health department prior to any disposition taking place (burial, cremation, out of state transportation). Along with the medical information that the doctor or coroners will complete the information listed below is also required. To assist us in completing the death certificate this information can certainly be filled out ahead of time.

Full Name of Deceased: _____

Residential Address of Deceased: _____

Number of Years Residing in that County: _____

Social Security Number: _____

Race: _____ *(If Hispanic, please specify the decent)*

Gender: *Male* *Female*

Date of Birth: _____

City & State of Birth: _____

Occupation *(if retired, occupation when employed)*: _____

Number of Years in Occupation: _____

Industry of the Business: _____

Fathers Name: _____

Fathers Birth State or Foreign Country: _____

Mothers Birth Name: _____

Mothers Birth State or Foreign Country: _____

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Veteran of the Armed Forces: *Yes* *No*

If Yes, Branch of Service: _____

Highest Level of Education: *0 1 2 3 4 5 6 7 8 9 10 11 12 High School Graduate*

Some College Associate Bachelors Masters Doctorate or Professional

Next of Kin: _____

Relationship: _____

Address: _____

Phone Number: _____

Spouse's Name if Living (*for wife maiden name is required*): _____

Please Fax this completed form to: (909) 623-3950

Or Mail the completed form to:

Todd Memorial Chapel
570 North Garey Avenue
Pomona, CA 91767