

# Highlands Funeral Home

"Sincere Service"  
505 E. Williams St  
Barstow, CA. 9231

## Contact information

Tel: 760-255-1211  
website: highlandsbarstow.com  
email: highlandsfuneralhome18@yahoo.com

### DEATH CERTIFICATE WORKSHEET

| Individual Personal Information   |                          |  |                                |
|---|--------------------------|--|--------------------------------|
| Legal Name: First<br><small>(Include AKA's, if any)</small>   |                          | Middle   | Last                           |
| Death Date: (MON DD YYYY)   |                          |  |                                |
| Sex:<br><input type="checkbox"/> Male <input type="checkbox"/> Female   | Age:                     | Social Security Number:                          | County of Death:               |
| Birth date: (MON DD YYYY)   |                          | Birthplace: (City/Town, or County)               | Birthplace: (State or Country) |
| Served in U.S. armed forces?<br><input type="checkbox"/> No <input type="checkbox"/> Yes Branch _____ VA #: _____ Entered: _____ Discharged: _____  |                          |  |                                |
| Residence   |                          |  |                                |
| Residence: Number and Street  |                          | Residence City/Town                              |                                |
| Residence County  | State or Foreign Country | Zip Code   | Year in the County:            |
| Family Members  |                          |  |                                |
| Marital Status at time of death:<br><input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Never married <input type="checkbox"/> Unknown  |                          | Spouse's Name: Give name prior to first marriage |                                |
| Father's name: First, Middle, Last, Suffix  |                          | Father's State of Birth:                         |                                |
| Mother's name: First, Middle, Last, Suffix  |                          | Mother's State of Birth:                         |                                |
| Decedent Attributes   |                          |  |                                |
| Usual Occupation: Indicate type of work done during most of working life. DO NOT USE "RETIRED"  |                          | Business/Industry (DO NOT USE COMPANY NAME)      |                                |
| Education: <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree<br><input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate degree<br><input type="checkbox"/> Refused <input type="checkbox"/> Unknown  |                          |  |                                |
| Hispanic Origin: <input type="checkbox"/> No, Not Hispanic <input type="checkbox"/> Yes- Check all of the following that apply<br><input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino Specify: _____  |                          |  |                                |
| Race :<br><input type="checkbox"/> White or Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Other Specify _____<br><input type="checkbox"/> American Indian or Alaska Native Specify principal tribe(s) _____<br><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Specify _____<br><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify _____ |                          |  |                                |
| Place Of Death  |                          |  |                                |
| Place of Death:<br><input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Hospital ER/Outpatient <input type="checkbox"/> Hospital DOA <input type="checkbox"/> Decedent's home<br><input type="checkbox"/> Licensed Nursing Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Licensed Assisted Living Facility<br><input type="checkbox"/> Licensed Residential Care Facility <input type="checkbox"/> Licensed Adult Foster Home<br><input type="checkbox"/> Other _____   |                          | Facility Name:                                   |                                |
| Location of Death Street Number and Name  |                          | City/Town  | State Zip Code                 |
| Name of Primary Doctor:   |                          |  | Doctors Phone #:               |
| Doctors Address: Street Number and Name, Suite #  |                          | City/Town  | State Zip Code                 |

By submitting this form, I am affirming that the information above is correct and accurate to the best of my knowledge under the penalties of perjury. Any additions or corrections to the certified death certificates matching the information above will be made at my expense.

Informant's Signature: \_\_\_\_\_

Informant's Printed Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship to Decedent:  Wife  Husband  Mother  Father  Sister  Brother  Daughter  Son  Other \_\_\_\_\_

Informant's mailing address: \_\_\_\_\_  
Street or PO Box City/Town State Zip Code

"Everything should be made as simple as possible, but not simpler" – Albert Einstein