

Joseph P. Reardon Funeral Home & Cremation Service

FD 883

757 East Main Street, Ventura, CA 93001

www.ReardonFuneral.com | Phone: 805-643-8623 | Fax: 805-643-4129

VITAL STATISTICS FOR DEATH CERTIFICATION

This form is to be completed for the **deceased**. Please fill in **all** blanks.

Legal Name: _____
 First Middle Last

Also known as (a.k.a.) (if applicable): _____

Sex: M _____ F _____ Race: _____ Age: _____

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: _____ Years in County: _____ Years of Education: _____

Social Security: _____ Date & Place of Birth: _____

Father's Name: _____ Birthplace: _____

Mother's Full Maiden Name: _____ Birthplace: _____

Name of Spouse: _____ Maiden: _____

Marital Status: Never Married: _____ Married: _____ Widowed: _____ Divorced: _____

Occupation & Employer: _____ Years in Profession: _____

Type of Business/Industry: _____ Veteran: Yes _____ No _____

Branch: _____

Immediate Next of Kin: _____ Relationship: _____

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Secondary Next of Kin: _____ Relationship: _____

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

FOR MORE INFORMATION ON CEMETERY, FUNERAL AND CREMATION MATTERS, CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETARY AND FUNERAL BUREAU, 1625 NORTH MARKET BLVD SUITE S-208, SACRAMENTO, CA 95834. Phone (916) 574-7870

Please complete this form carefully. Errors can result in additional fees and delay the receipt of certified copies of death certificates. Joseph P. Reardon Funeral Home is not liable for costs or delays resulting from incorrect information.

SIGNATURE: _____ DATE: _____