

# Woodland Funeral Chapel

305 Cottonwood Street Woodland, CA 95695  
Phone 530-666-4200 • Fax 530-666-4201 • FD1784

## DEATH CERTIFICATE WORKSHEET

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

AKA \_\_\_\_\_ Gender \_\_\_\_\_

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

Date of Death \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Veteran? \_\_\_\_\_ if yes, Branch \_\_\_\_\_ Marital Status \_\_\_\_\_

If Currently Married, Full BIRTH Name of Spouse \_\_\_\_\_

Education: \_\_\_\_\_

Race \_\_\_\_\_ Hispanic \_\_\_\_\_ If Yes, Origin \_\_\_\_\_

Occupation (**Do Not List Retired or Disabled**) \_\_\_\_\_ How Long? \_\_\_\_\_

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

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

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years in County \_\_\_\_\_

\_\_\_\_\_  
First name of Father Middle Last Father's Birth State (or Country if out of US)

\_\_\_\_\_  
First name of Mother Middle MAIDEN Last Mother's Birth State (or Country if out of US)

Doctor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Person Handling Arrangements: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

# of Death Certificates Needed: \_\_\_\_\_ Type of Disposition: \_\_\_\_\_

Place of Disposition \_\_\_\_\_

I have reviewed the information on this worksheet and declare it to be accurate and agree to accept certified copies of the death certificate as verified. I understand certain terminology may not be acceptable to the health department and agree to accept any changes required by the health department. An opportunity to approve the final draft prior to submission will be provided by the funeral chapel. Should you decline to review and approve the submission, the funeral chapel will not be held accountable for the cost of correction nor the delays caused by any errors.

I DO \_\_\_\_\_ request to approve the final draft prior to submission. I understand this may cause a delay in the registration of the death certificate.

I DO NOT \_\_\_\_\_ request to approve the final draft prior to submission and declare the above information accurate