

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: M F

Date of Birth _____ Place of Birth _____

Date of Death _____ Social Security Number: _____

Veteran? Yes ☐ No ☐ if yes, Branch _____ Marital Status ☐ Never Married ☐ Married ☐ Divorced ☐ Widowed

If Currently Married, Full BIRTH Name of Spouse _____

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

Race _____ Hispanic No ☐ Yes ☐ If Yes, Origin _____

Occupation When Working (**Do Not List Retired or Disabled**) _____

Kind of Business _____ How Long? _____

Address of Residence _____ City _____

County _____ State _____ Zip _____ Years in County _____

First name of Father _____ Middle _____ Last _____ Father's Birth State (or country if not USA) _____

First name of Mother _____ Middle _____ MAIDEN Last _____ Mother's Birth State (or country if not USA) _____

Doctor's Name _____ Phone: _____ Kaiser MRN: _____

Name of Person Handling Arrangements: _____ Relationship: _____

Address: _____

Best Contact Number: _____ Email: _____

of Death Certificates Needed: _____

☐ Burial ☐ Cremation/Burial ☐ Cremation/Residence ☐ Cremation/Scatter ☐ Transit/Burial ☐ Other: _____

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