

ORDER ESTABLISHING FACT OF DEATH

In the Superior Court of the State of California

In and for the County of _____

In the matter of the petition of

To establish the fact of death of

Number _____

Department _____

The verified petition of _____ to establish the fact of the death of _____ having been filed herein on the _____ day of _____, A.D., 20_____, and such petition having by an order of court been duly set for hearing on the _____ day of _____, A.D., 20_____, at the hour of _____ o'clock ____ m. of said day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence introduced that the said _____, petitioner herein, is beneficially interested in establishing of record the fact of the death of said _____,

in that _____

SAMPLE

_____ ; and it appearing that on the _____ day of _____, A.D., 20_____, the death of _____ occurred at _____, in the County of _____, State of _____; that said death has not been registered in conformity with the provisions of law in effect at the time of said death or such record has been lost or destroyed after having been filed; and no one appearing at said hearing to oppose the making of this order;

It is therefore ordered, adjudged, and decreed that on the _____ day of _____, A.D., 20_____, the death of _____ occurred at _____, County of _____, State of _____.

Done in court this _____ day of _____, A.D., 20_____.



Judge of the Superior Court

Before filing the above order, insert in the certificate form below, as of the date of the death, the personal and statistical particulars required for the records of the State Registrar. A certified copy of the above order must be filed with the State Registrar before the order shall become effective. **USE BLACK INK ONLY.**

COURT ORDER DELAYED REGISTRATION OF DEATH STATE OF CALIFORNIA

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL DEATH RECORD

DECEDENT PERSONAL DATA	1A. NAME—FIRST		1B. MIDDLE		1C. LAST					
	2A. DATE OF DEATH—MM/DD/CCYY		2B. HOUR	3. DATE OF BIRTH—MM/DD/CCYY		4. AGE IN YEARS				
					IF UNDER ONE YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES			
	5. BIRTH STATE/FOREIGN COUNTRY		6. HISPANIC (IF YES, SPECIFY ORIGIN) YES <input type="checkbox"/> _____ NO <input type="checkbox"/>			7. RACE—Up to 3 Races/Ethnicities May Be Listed		8. SEX		
	9. MILITARY SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		10. SOCIAL SECURITY NUMBER		11. EDUCATION—YEARS COMPLETED		12. MARITAL/STATE REGISTERED DOMESTIC PARTNERSHIP STATUS			
	13A. USUAL OCCUPATION		13B. USUAL KIND OF BUSINESS/INDUSTRY		13C. USUAL EMPLOYER		13D. YEARS IN OCCUPATION			
	14A. NAME OF SURVIVING SPOUSE/STATE REGISTERED DOMESTIC PARTNER--FIRST			14B. MIDDLE		14C. LAST (BIRTH)				
	15A. NAME OF FATHER/PARENT--FIRST			15B. MIDDLE		15C. LAST (BIRTH)		16. STATE/FOREIGN COUNTRY OF BIRTH		
17A. NAME OF MOTHER/PARENT—FIRST			17B. MIDDLE		17C. LAST (BIRTH)		18. STATE/FOREIGN COUNTRY OF BIRTH			
USUAL RESIDENCE	19A. RESIDENCE—STREET and NUMBER, OR LOCATION			19B. CITY		19C. STATE/FOREIGN COUNTRY		19D. ZIP CODE		
	19E. COUNTY			19F. NUMBER OF YEARS IN THIS COUNTY			20. NAME, RELATIONSHIP, MAILING ADDRESS, AND ZIP CODE OF INFORMANT			
PLACE OF DEATH	21A. PLACE OF DEATH		21B. COUNTY		SAMPLE					
	21C. ADDRESS—STREET and NUMBER, OR LOCATION			21D. CITY						
	21E. IF HOSPITAL, SPECIFY <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		21F. IF OTHER THAN HOSPITAL, SPECIFY <input type="checkbox"/> HOSPICE <input type="checkbox"/> NURSING HOME/LTC <input type="checkbox"/> HOME <input type="checkbox"/> OTHER							
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						TIME INTERVAL BETWEEN ONSET AND DEATH		23. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO REFERRAL NUMBER	
	IMMEDIATE CAUSE (A)								24. BIOPSY PERFORMED? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO	
	DUE TO (B)						25A. AUTOPSY PERFORMED? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO			
	DUE TO (C)						25B. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO			
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN ITEM 22.				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 26? IF YES, LIST TYPE OF OPERATION AND DATE.			28. IF FEMALE, PREGNANT IN YEAR PRIOR TO DEATH? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO			
INJURY INFORMATION	29. LOCATION—STREET AND NUMBER, OR LOCATION, AND CITY			30. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
FUNERAL DIRECTOR	31A. DISPOSITION(S)		31B. PLACE OF FINAL DISPOSITION (NAME AND FULL ADDRESS)			31C. DATE OF DISPOSITION—MM/DD/CCYY				
	32A. NAME OF FUNERAL ESTABLISHMENT (OR PERSON ACTING IN LIEU OF FUNERAL DIRECTOR)					32B. LICENSE NUMBER				
STATE REGISTRAR USE ONLY	OFFERED FOR FILING PURSUANT TO ORDER NUMBER _____ OF THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE COUNTY OF _____, MADE THE _____ DAY OF _____, A.D., 20____, ESTABLISHING OF RECORD THE FACT OF DEATH IN THE STATE OR COUNTRY OF _____. NO DEATH CERTIFICATE HAS BEEN FOUND ON FILE IN THE OFFICE OF VITAL RECORDS FOR THE ABOVE DECEDENT.									
33. OFFICE OF VITAL RECORDS						34. DATE ACCEPTED FOR REGISTRATION				