

# 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 \_\_\_\_\_; 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**

<b>DECEDENT PERSONAL DATA</b>	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		IF UNDER 24 HOURS			
					MONTHS	DAYS	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			
<b>USUAL RESIDENCE</b>	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				
<b>PLACE OF DEATH</b>	21A. PLACE OF DEATH			21B. COUNTY						
	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							
<b>CAUSE OF DEATH</b>	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	25B. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO	
	DUE TO (C) _____							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
<b>INJURY INFORMATION</b>	29. LOCATION—STREET AND NUMBER, OR LOCATION, AND CITY				30. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
<b>FUNERAL DIRECTOR</b>	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				
<b>STATE REGISTRAR USE ONLY</b>	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				