

Metropolitan Mortuary

2902A Rubidoux Blvd · Jurupa Valley, CA. 92509 · License #FD2147
Shun Newbern, Funeral Director FDR 3308
(951) 683-5400 Fax (951) 683-5401
www.metropolitanmortuary.com email info@metromortuary.com

VITAL STATISTICS RECORD

One responsibility of the funeral establishment when a death occurs is to complete a death certificate and file that with the county health department prior to any disposition. A disposition includes burial, cremation or transportation out of the state. Along with the medical information that the doctor or coroner / medical examiner will complete, the information listed below is also required. To assist us in completing the death certificate this information can be filled out before the arrangement is scheduled.

Full Name of Deceased _____
(first) (middle) (last)

AKA Full Name of AKA _____
(first) (middle) (last)

Date of Birth _____ Gender Male Female State of Birth _____

Social Security Number _____ Date of Death ____/____/20__

Time of Death _____ hours (military time only) Military Service Yes No Branch _____

Marital Status: Married Divorced Widowed Never Married

Highest Level of Education (circle one) 0 1 2 3 4 5 6 7 8 9 10 11 12 *High School Graduate*
Some College Associate Bachelors Masters Doctorate or Professional

Race (if Hispanic/Spanish/Latino please specify) _____

Occupation (prior to retirement) _____

Type of Industry/Business _____

Years in Occupation _____ Years in County _____

Residential Address of Deceased _____

Informant/Next of Kin _____

Relationship _____

Address _____

City _____ State _____ Zip Code _____

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VITAL STATISTICS RECORD (Continued)

Is there a Surviving Spouse / State Register Domestic Partner? Yes No Please provide the

Birth Name of Spouse _____
(first) (middle) (last, maiden for wife)

Name of Father/Parent _____
(first) (middle) (last)

Fathers Birth State or Foreign Country _____

Name of Mother/Parent _____
(first) (middle) (last, maiden)

Mothers Birth State or Foreign Country _____

Date of disposition (this date depends on the issuance of the permit) _____

Type of Disposition Burial Cremation Transit

Place of Disposition _____

Address _____

City _____ State _____ Zip Code _____

Contact Phone Numbers (Next of Kin – Informant)

1. _____ 2. _____

Contact Email Addresses (Next of Kin – Informant)

1. _____ 2. _____

Please fax this completed form to Metropolitan Mortuary: (951) 683-5401

Or Mail the completed form to:

Metropolitan Mortuary
Attn: Vitals Desk
2902A Rubidoux Blvd.
Jurupa Valley, CA 92509