

Norco Family Funeral Home

2645 Hamner Ave, Norco CA 92860 - FD 1686

Ph 951-898-1013 Fx 951-898-1026

General Release Form

Date: _____

To Whom It May Concern;

You are hereby authorized and directed to release the remains of

_____, to

Norco Family Funeral Home, 2645 Hamner Avenue, Norco, CA 92860 for disposition in accordance with my/our wishes.

Print

Signature

Relationship

Phone

Print

Signature

relationship

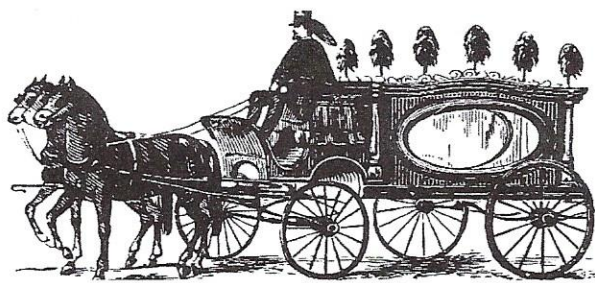
Phone

Place Of Removal

Address

Phone and Fax

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NORCO FAMILY FUNERAL HOME

2645 Hamner Ave

Norco, CA 92860

Please fill out the information below. Legible and accurate spelling is very important. This information obtained here helps expedite the burial permit process *AS WELL* as the attending physician's cooperation. Please if you have any questions call us anytime at 1-951-898-1013. Once the form is *COMPLETELY* filled out you may fax or email it to:

Fax: 1-951-898-1026

OR

Email: NorcoFamilyFH@sbcglobal.net

Thank You

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/04)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT --- FIRST (Given)		2. MIDDLE		3. LAST (Family)					
	AKA. ALSO KNOWN AS --- Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy		5. AGE Yrs.		6. SEX		
	9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death)		13. EDUCATION --- Highest Level/Degree (see worksheet on back)	
	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/ccyy		8. HOUR (24 Hours)			
17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)				19. YEARS IN OCCUPATION		
20. DECEDENT'S RESIDENCE (Street and number or location)										
USUAL RESIDENCE	21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
	26. INFORMANT'S NAME, RELATIONSHIP					27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)				
SPOUSE AND PARENT INFORMATION	29. NAME OF SURVIVING SPOUSE --- FIRST		29. MIDDLE		30. LAST (Maiden Name)					
	31. NAME OF FATHER --- FIRST		32. MIDDLE		33. LAST			34. BIRTH STATE		
	35. NAME OF MOTHER --- FIRST		36. MIDDLE		37. LAST (Maiden)			38. BIRTH STATE		