



SHANNON D. DICUS, SHERIFF-CORONER

Coroner Division

175 S. Lena Road, San Bernardino, CA 92415
(909) 387-2978 / FAX (909) 387-2989

Death Certificate Statistics Worksheet for Indigent Request

This information is gathered to complete the statistical information in the upper section of the decedent’s Public Health Department death certificate. Please complete as much information as possible, and if there is not a known answer, please indicate “unknown”.

Coroner Case #: _____

Decedent’s full Name: Last, First, Middle _____

Any A.K.A’s used: _____

State or Country in which decedent was born: _____

Marital Status: Married Never Married Divorced Widowed

Education (highest level completed): _____

Was he/she ever in the U.S. Armed Forces? Yes No Unknown

Which Branch: Army Navy Marine Air Force Coast Guard, Dates of Service: _____

Decedent’s race (list up to four): _____

Was he/she of Spanish, Hispanic, or Latino origin? _____

Usual Occupation: _____

In What Kind of Business or Industry: _____

How many years did he/she work in that occupation? _____

How many years did he/she lived in San Bernardino County? _____

Name of Surviving Spouse, if one (needs maiden name): _____

Name of decedent’s father: Last, First, Middle _____

State or Country in which the decedent’s father was born: _____

Name of decedent’s mother: Last, First, Middle (maiden last name) _____

State or County in which the decedent’s mother was born: _____