



DISTRICT ATTORNEY  
PUBLIC ADMINISTRATOR  
300 N. Flower Street  
Santa Ana, CA 92703  
Main Line: 714-834-6578  
**OCPA@da.ocgov.com**

<small>INTERNAL USE ONLY</small>	
TRACKING NO.: _____	DATE ASSIGNED: _____
PA CASE NO.: _____	
DEPUTY NAME: _____	

### DECEDENT REFERRAL FORM

REFERRING SOURCE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PH. \_\_\_\_\_  
SOC. SEC. NUMBER \_\_\_\_\_  
AGE \_\_\_\_\_ SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
DOB \_\_\_\_\_ DOD \_\_\_\_\_  
PLACE OF DEATH \_\_\_\_\_ CAUSE OF DEATH \_\_\_\_\_

MORTUARY \_\_\_\_\_ AGREED EXPENSE \_\_\_\_\_  
BODY LOCATION \_\_\_\_\_  
FUNERAL ARRANGEMENTS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OCCUPATION/EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PH. \_\_\_\_\_  
DATE EMPLOYED \_\_\_\_\_ AVG WAGES \_\_\_\_\_

RELATIVES AND/OR HEIRS

NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PH. \_\_\_\_\_

NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PH. \_\_\_\_\_

NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PH. \_\_\_\_\_

VETERAN:  NO  YES  
DATES OF SERVICE: \_\_\_\_ TO \_\_\_\_  
BRANCH: \_\_\_\_\_ SERIAL/C # \_\_\_\_\_  
DRAWING SOCIAL SECURITY:  NO  YES AMT. \$  
DRAWING COUNTY WELFARE:  NO  YES AMT. \$  
SAFE DEPOSIT BOX:  NO  YES LOCATION: \_\_\_\_  
WILL:  NO  YES LOCATION: \_\_\_\_

REMARKS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPERTY

RESIDENCE SEALED \_\_\_\_\_ KEYS TO RESIDENCE \_\_\_\_\_  
PERSONAL PROPERTY \_\_\_\_\_ VEHICLE(S) \_\_\_\_\_ KEYS TO VEHICLE \_\_\_\_\_  
RESIDENCE OWNED  RENTAL