

Arrangement Preferences

To assist the survivors at the time of death, the following information will be helpful.

INFORMATION REQUIRED FOR THE DEATH CERTIFICATE

Arrangements for: _____
Address: _____
City: _____ State: _____ Zip: _____ Lived in County Since: _____
Date of Birth: _____ Place of Birth: _____
Social Security No.: _____ Marital Status: Married Divorced Widowed Never Married
Military Service: None Yes – *branch and dates; discharge papers will be helpful* _____
Education: (Years ___) HS Graduate Some College Degrees Earned: Associate Bachelor Master Doctorate
Race: _____ Of Hispanic Origin or Descent? No Yes – Specify: _____
Usual occupation (*before retirement*): _____
Years in occupation: _____ Employer: _____ Kind of Business: _____
Name of Surviving Spouse: (*if wife, give maiden name*) _____
Father's Full Name: _____ Birthplace: _____
Mother's Full (Maiden) Name: _____ Birthplace: _____
Next-of-Kin or Person in Charge of Arrangements: _____
Address: _____
Phone: _____ Relationship: _____

SERVICE PREFERENCES

Kind of Service or Gathering Preferred, and Place: _____
Church/Clergy/Speakers Preferred: _____
Place of Burial, Entombment, or Cremation: _____
Has cemetery property been purchased? _____
If cremation, what is the disposition of the cremated remains? _____
Newspaper notices are to be published in which newspapers? (circle) San Mateo Times SF Chronicle
Other newspapers: _____
Special instructions/requests: (pallbearers, music, special clothing, etc.) _____

Family or friends to contact: (names, addresses, phone numbers – use separate sheet if necessary)

TO WHOM IT MAY CONCERN:

I authorize the _____ Funeral Home to transfer the body to their establishment at the time of death and request they provide services as I have herein instructed.

Signature

Date