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 Arrang	ements:		
Address:			
Phone:	Relationship:		
SERVICE PREFERENCES			
Kind of Service or Gathering Preferred, an	nd 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	Fune	eral 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