

## **CERTIFIED COPIES OF DEATH CERTIFICATE**

If Death Occurs in Santa Clara County:

County of Santa Clara Public Health Department  
Vital Records & Registration  
976 Lenzen Avenue - East Entrance  
San Jose, CA 95126  
(408) 885-2010

If Death Occurs in San Mateo County:

San Mateo County Health Department  
225 West 37<sup>th</sup> Avenue  
San Mateo, CA 94403  
(650) 573-2395

### **SOCIAL SECURITY OFFICES**

Department of Health and Human Services  
Social Security Administration  
Tele-claims International Number: 10-15-15-800  
Cost \$4.99

### **VETERAN'S ADMINISTRATION**

Claims and General Information:  
1301 Clay Street  
Oakland, CA 94612  
Tele-assistance Number: 1-800-827-1000  
[www.va.gov](http://www.va.gov)

*For more information on Funeral & Cemetery Purchases please contact the California Department of Consumer Affairs Cemetery & Funeral Bureau; 1625 North Market Boulevard, Suite S-208, Sacramento, CA 95834*

(916) 574-7870 or (800) 952-5210 TDD (800) 326-2297  
[www.cfb.ca.gov](http://www.cfb.ca.gov)

Roller  
Hapgood & Tinney  
EST 1899

980 Middlefield Road  
Palo Alto, California 94301  
(650) 328-1360 FAX: (650) 328-1364

# **A Fact of Life Pre-Need Booklet**

## **Personal Records Of:**

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*\*This record is very important to your next of kin.*

Keep this record at home in a semi-private place  
where it will be readily available.

**DO NOT KEEP IN A SAFE DEPOSIT BOX.**









## FUNERAL & INTERMENT PREFERENCES

Funeral Director: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Clergy: \_\_\_\_\_

Organizations: \_\_\_\_\_

**Type of Disposition:**    Burial    Cremation    Entombment

Ship Out - City, State: \_\_\_\_\_

Receiving Mortuary: \_\_\_\_\_

*(For Cremation Only)*    Scatter at Sea    Keep at Residence    Split

**Embalming:**    No    Yes *(May be required in some cases)*

**Viewing:**    Rosary    Night Visitation    ID Viewing    None

Held at: \_\_\_\_\_

**Services:**    Open Casket    Closed Casket    None

Held at: \_\_\_\_\_

**Graveside Service:**    No    Yes   Clergy Present?    No    Yes

**Memorial Service:**    No    Yes   Urn Present?    No    Yes

Held at: \_\_\_\_\_

**Casket:**    Wood    Cloth Covered Wood    Steel    Copper or Bronze

**Urn:**    Wood    Bronze    Marble/Stone    Cloisonné    Plastic Utility

### Miscellaneous:

Hearse:    No    Yes   Family Procession:    No    Yes

Flowers:    No    Yes   Casket Spray:    No    Yes

Donations Made to: \_\_\_\_\_

Organist/Musician:    No    Yes   Soloist:    No    Yes

Songs/Selections: \_\_\_\_\_

Reading:    No    Yes   Title of Work or Passage: \_\_\_\_\_

\_\_\_\_\_

## CEMETERY INFORMATION

Has a Burial Plot, Crypt, or Niche already been purchased?    No    Yes

If Yes, which has been purchased? If No, which would you prefer?

Casket Burial Plot    Urn Burial Plot    Crypt Space    Niche (Urn)

Urn Placed in Existing Grave (Relationship \_\_\_\_\_)

Name of Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Location of Grave:** *(Only fill in spaces that apply to your cemetery property)*

Grave/Space: \_\_\_\_\_ Plot: \_\_\_\_\_ Tier: \_\_\_\_\_ Wall: \_\_\_\_\_

Section/Building: \_\_\_\_\_

Is the plot/space for double occupancy?    No    Yes

Property in name of: \_\_\_\_\_

Location of Ownership Certificate: \_\_\_\_\_

*I certify that these are my wishes and instructions:*

Print Name: \_\_\_\_\_

► Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Witnessed/Assisted/ or Completed by (In the presence of person above):**

Print Name, Relation: \_\_\_\_\_

► Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name, Relation: \_\_\_\_\_

► Sign: \_\_\_\_\_ Date: \_\_\_\_\_