

CERTIFIED COPIES OF DEATH CERTIFICATE

Santa Clara County Health Department

645 South Bascom Ave.

San Jose, CA 95128

Phone: 408-885-2010

Website: www.sccgov.org/

Vital Records: www.sccgov.org/portal/site/phd/

San Mateo County Health Department

225 West 37th Ave.

San Mateo, CA 94403

Phone: 650-573-2395

Website: www.co.sanmateo.ca.us/portal/site/SMC

Vital Records: www.co.sanmateo.ca.us/portal/site/health/

SOCIAL SECURITY OFFICES

Department of Health and Human Services

Social Security Administration

Toll-free: (800) 772-1213

Website: www.ssa.gov

VETERAN'S ADMINISTRATION

Benefits Claims and General Information

1301 Clay Street

Oakland, CA 94612

800-827-1000

Website: www.va.gov

CA 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

Website: www.cfb.ca.gov

Roller & Hapgood & Tinney

980 Middlefield Rd., Palo Alto, CA 94301

Phone - (650) 328-1360 | FAX - (650) 328-1364 | FD #132

Website: www.rollerhapgoodtinney.com

A Fact of Life Pre-Need Booklet

Personal Records Of:

This record is very important to your next of kin. Keep it at home in a semi-private place where it is readily available.

DO NOT KEEP IN A SAFE DEPOSIT BOX.

DOCTOR'S CONTACT INFORMATION

Attending Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

VETERAN'S INFORMATION

U.S. Veteran? No - Yes - Unknown

If yes, do you want a U.S. Flag? No - Yes

Branch of Service: (Check)

ARMY - NAVY - Air Force - Marine Corps

Other (Specify _____)

Rank: _____

Veteran's Service: (Check)

WW I - WW II - Korean Conflict - After 1-31-55 - Other

(Specify) _____

Fill in information if known:

VA File No. _____ Service Serial No. _____

Date of Enlistment: _____ Date of Discharge: _____

Reason for Discharge:

Veteran of a war, Mex. Border Service, or of service after 1-31-55, discharged or released from active duty under conditions other than dishonorable.

Discharged or released from active duty in U.S. Armed forces under conditions other than dishonorable, after serving at least one enlistment, or discharged for disability incurred in the line of duty.

By death in active service after May 27, 1941

Separated from Philippine military forces, under conditions other than dishonorable, after serving the U.S. in such forces under President's order of July 26, 1941 and died on or after April 25, 1951.

*Veteran's Benefits must be applied for or they will be lost, they are not paid automatically. You can call the VA Benefits Office at (800) 772-1213 or visit their website at www.va.gov. You can also apply for Veteran's Burial Benefits and Grave Markers at the cemetery.

Obituary Notice

Which Newspaper(s): (Circle Paid or Free if choice is available)

Will there be a picture in any of the Paid notices? No - Yes

If Yes, which ones? _____

INSURANCE & TRUST FUNDS

Is there a will? No - Yes

Is the funeral Pre-paid with a Funeral Trust fund? No - Yes

With what Mortuary? _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Beneficiary: _____

POLICY #: _____ Amount: \$ _____

**(Funeral Trust Funds can be transferred to another Mortuary if needed)*

Is there a Life Insurance Policy? No - Yes

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Beneficiary: _____

POLICY #: _____ Amount: \$ _____

Is there a Death Benefits Policy? No - Yes

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Beneficiary: _____

POLICY #: _____ Amount: \$ _____

If the funeral is not being paid by any of the above or the funds are insufficient, is there a bank or savings account? No - Yes

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Beneficiary: _____

ACCOUNT #: _____ Amount: \$ _____

Safe Deposit Box? No - Yes - Box #: _____

Location of Key, Deeds Policies, etc: _____

FUNERAL & INTERMENT PREFERENCES

Funeral Director: _____

Church Affiliation: _____

Clergy: _____

Organizations: _____

Type of Disposition: Burial - Cremation - Entombment -

Ship Out – City, State: _____

Receiving Mortuary: _____

(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/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 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: _____

Signature

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, Relationship: _____

Sign: _____ Date: _____

Print Name, Relationship: _____

Sign: _____ Date: _____