

Name: \_\_\_\_\_ AKA: \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Caucasian  African American/Black  Hispanic  \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_ City and State of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Branch \_\_\_\_\_ Highest Level Completed \_\_\_\_\_  
Military Service Y \_\_\_ N \_\_\_ Education \_\_\_\_\_ Age \_\_\_\_\_

**(Do Not Use Retired)**

Occupation \_\_\_\_\_ Kind of Business \_\_\_\_\_ Years in Occupation \_\_\_\_\_

Residence \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

Years in County \_\_\_\_\_ Informant's Phone Number \_\_\_\_\_

Informant's Name and Relationship \_\_\_\_\_ Mailing address \_\_\_\_\_

Surviving Spouse \_\_\_\_\_  
First Middle Maiden

Decedent's Father's Name \_\_\_\_\_ Birth State \_\_\_\_\_  
First Middle Last

Decedent's Mother's Name \_\_\_\_\_ Birth State \_\_\_\_\_  
First Middle Maiden

Final Place of Disposition \_\_\_\_\_  
(Cemetery Name/Residence Address/Scattering at Sea)

This information is required for the death certificate. Please fill in as clearly as possible. If any information is unknown, please list as such.

*Coast Family Cremation Service FD 1512*  
*2 Higuera, San Luis Obispo, CA 93401*  
**805.546-0984**  
**805.543.6896 fax**