

Woodland Funeral Chapel

305 Cottonwood Street, Woodland, California 95695

Phone 530-666-4200

INFORMATION NECESSARY FOR THE STATE OF CALIFORNIA

First Name _____ Middle _____ Last _____

AKA _____ GENDER: MALE OR FEMALE

Date of Birth _____ Place of Birth _____

Date of Death _____ Time of Death _____ Place of Death _____

Social Security Number: _____

U.S. Military Service? Yes No if yes, Branch _____

Marital Status (Circle One) >Never Married >Married >Divorced >Widowed

If Married, Full Name of Spouse (including Maiden) _____

Education: 1-2-3-4-5-6-7-8-9-10-11-12- High School Grad./Some College/ Associates/ Bachelor's/ Master's/ Doctorate

Race _____ Hispanic Yes No

Occupation (Retired Not Acceptable) _____ How Long? _____

Kind of Business _____

Current Address _____ City _____

County _____ State _____ Zip _____ Country _____

How long in coun'y listed above _____

Full Name of Father

Father's Birthplace (State or Country)

Full Name of Mother including (Maiden Name)

Mother's Birthplace (State or Country)

Doctor's Name _____ Phone & or Fax _____

Doctor's Full Address _____

Name & Address & (Relationship) of Person Handling Arrangements of Deceased:

Family Phone Numbers(home) _____ (work) _____ (cell) _____

of Death Certificates Needed: _____ Mail certificates? _____

Place of Final Disposition (CR/RES) (CR/BU) (BU) _____