



**Martinez Family
Funeral Home Inc.**
FD 1998™

MARTINEZ FAMILY FUNERAL HOME
1680 Alum Rock Ave
San Jose CA 95116
(408) 347 - 8674 Office
(408) 347 - 9271 Fax

INFORMATION FACE SHEET

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT— FIRST (Given)		2. MIDDLE		3. LAST (Family)			
	AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	6. SEX	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
	9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SRDP <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNK			
	13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)				
17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			19. YEARS IN OCCUPATION		
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location)							
	21. CITY	22. COUNTY/PROVINCE		23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY		
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)				
	28. NAME OF SURVIVING SPOUSE/SRDP*—FIRST		29. MIDDLE	30. LAST (BIRTH NAME)				
SPOUSE/SRDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT—FIRST		32. MIDDLE	33. LAST		34. BIRTH STATE		
	35. NAME OF MOTHER/PARENT—FIRST		36. MIDDLE	37. LAST (BIRTH NAME)		38. BIRTH STATE		
	39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION					
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) BU/TR/CR/RES/SEA/REL		42. SIGNATURE OF EMBALMER ▶			43. LICENSE NUMBER		
	44. NAME OF FUNERAL ESTABLISHMENT MARTINEZ FAMILY FUNERAL HOME		45. LICENSE NUMBER FD 1998	46. SIGNATURE OF LOCAL REGISTRAR ▶		47. DATE mm/dd/ccyy		
	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/VOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
PLACE OF DEATH	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			106. CITY		
	DECEDENT'S PHYSICIAN		ADDRESS:			TELEPHONE NUMBER:		
INFORMANT:		PRIMARY PHONE NUMBER & EMAIL:			SECONDARY PHONE NUMBER:			
SECONDARY CONTACT:		PRIMARY PHONE NUMBER & EMAIL:			SECONDARY PHONE NUMBER:			
ADDITIONAL NOTES:								
I HAVE READ AND PREVERIFIED THE ABOVE MATERIAL AND VERIFY THAT IT IS CORRECT TO THE BEST OF MY KNOWLEDGE. IF THERE ARE ANY ERRORS OR CHANGES TO BE MADE ON THE DEATH CERTIFICATE, AND AN AMENDMENT IS DESIRED, THE UNDERLYING SIGNER WILL BE RESPONSIBLE TO PAY THE AMENDMENT FEES FOR THE DEATH CERTIFICATE.								
SIGNATURE: ▶						DATE:		
DEATH CERTIFICATES ORDERED:	MAILED / WILL PICK UP:	HOW DID YOU HEAR ABOUT US?						