

Name:

First Middle Last

Date of Birth _____ Social Security _____ City and State of Birth _____

Marital Status _____ Military Service Y ___ N ___ Highest Level Completed
Education _____ Age _____

(Not Retired)
Occupation _____ Kind of Business _____ Years in Occupation _____

Residence _____ City _____ Zip _____ State _____

Year 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.

Wheeler-Smith Mortuary
2890 S. Higuera, San Luis Obispo, CA 93401

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805.543.6896 fax