REIS FAMILY MORTUARY & CREMATORY

991 NIPOMO ST., SAN LUIS OBISPO, CA. 93401

LICENSE # FD 949

TEL 805-544-7400 FAX 805-544-7063

PERSONAL INFORMATION SHEET FOR THE DEATH CERTIFICATE

PERSON IN CHARGE	RELATIONSHIP				PHONE							
STREET ADDRESS			CITY			:	STATE	ZIP CODE				
1. NAME OF DECEDENT-FIRST (GIVEN)	2. MIDDLE			3. LAST								
AKA ALSO KNOWN AS-INCLUDE FULL AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH IN	nm/dd/yyyy	5. AGE YRS	IF UNDE	R ONE YEAR		IF UNDER 24 HO	URS	8. SEX	
						MONTHS	DAYS		HOURS	MINUTES		
9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL S		RITY NUMBER	11. EVER IN U.S. ARMED FORCES		· •	12. MARITAL STATI	JS	7. DATE OF	DEATH	8. HOUR (24 HR)		
			YES	NO	UNK							
13. EDUCATIONHIGHEST LEVEL/DEGREE		14./15. WAS DECEDENT S		PANISH/HISPANIC/LATINO?		16. DECEDE	NT RACEUP TO 3 RA	ACES MAY BE	LISTED			
		YE		NO								
17. USUAL OCCUPATIONType of work for most of I	ife. DO NOT USE RETIRE	D	18. KIND OF BUSINES	S OR INDUSTRY					19.	YEARS IN OCCUPATION	N	
20. DECEDENT'S RESIDENCE (street or number or lo	cation)		<u> </u>									
21. CITY 22. COUNTY/PROVINCE			23. ZIP CODE			24. YEARS IN COUNTY			25. STATE/FOREIGN COUNTRY			
26. INFORMANT'S NAME/RELATIONSHIP		I	27. INFORMANT'S MA	AILING ADDRESS (Stree	t and number or	rural route number,	City or Town, State,	Zip)				
28. NAME OF SURVIVING SPOUSE-FIRST 29. MIDDL		29. MIDDLE	. MIDDLE			30. LAST (MAIDEN OR BIRTH NAME)						
24 NAME OF SATURD FIRST		22 1410015				22 1457				24 DIDTH STATE	COUNTRY	
31. NAME OF FATHER-FIRST		32. MIDDLE			33. LAST					34. BIRTH STATE	34. BIRTH STATE/COUNTRY	
35. NAME OF MOTHERFIRST 36. MIDDLE		36. MIDDLE	MIDDLE			37. LAST(MAIDEN OR BIRTH NAME)			38. BIRTH STATE/COUNTRY			
39. DISPOSITION DATE	40. PLACE OF FINAL	DISPOSITION (Cemetery, So	cattering or Residence i	name and address))		<u>. </u>						
41. TYPE OF DISPOSITION (S)						43. LICENS	F NI IMBER					
41. TYPE OF DISPOSITION (S) 42. SIGNATURE OF EMBALMER												
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE		46. SIGNATURE OF I	OCAL REGISTRAF	₹				47. DATE		
Reis Family Mortuary & Crem	atory	FD9	949									
101. PLACE OF DEATH			101. IF HOSPITAL SPECIFY ONE			103. IF OTHER THAN A HOSPITAL SPECIFY ONE						
			IP	ER/OP	DOA	HOSPICE	DECEDENTS	HOME	NURSING HOME	0	THER	
104. COUNTY	106. FACILITY ADDR	ESS OR LOCATION WHERE F	OUND (Street or Numb			<u> </u>		106. CITY				
			•	•								