Beddingfield Funeral Service

4323 Moorpark Avenue, Suite C • San Jose, CA 95129 • Tel: 408-777-8100 • Fax: 408-777-8108
www.BeddingfieldFuneralService.com

FUNERAL ARRANGEMENT FORM

The following information is requested by the State of California to complete the required forms.

FD1999

Case No. ______

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	AGE Yrs.	IF UNDER ONE YEAR Months / Days	IF UNDER 24 HOURS Hours / Minutes	6. SEX

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES? ☐ YES ☐ NO ☐ UNK	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) ☐ YES ______ ☐ 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

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

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)

28. NAME OF SURVIVING SPOUSE – FIRST	29. MIDDLE	30. LAST (Maiden Name)	
31. NAME OF FATHER – FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
35. NAME OF MOTHER – FIRST	36. MIDDLE	37. LAST (Maiden Name)	38. BIRTH STATE

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION

41. TYPE OF DISPOSITION(S)	42. EMBALMER	43. LICENSE NUMBER

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE ☐ IP ☐ ER/OP ☐ DOA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	106. CITY

(Coroner) ______ (Case No.) ______ (Coroner's Phone No.) ______ (Medical Record No.) ______

(Doctor's Name) ______ (License No.) ______ (Doctor's Phone No.) ______ (Doctor's Fax No.) ______

(Family Email) ______

Family Contacts:

Name ______ Phone ______ Cell ______

Name ______ Phone ______ Cell ______

Name ______ Phone ______ Cell ______

Name ______ Phone ______ Cell ______

Approved by ______ Date ______