



Santa Rosa Mortuary • Eggen & Lance Chapel
1900 Franklin Avenue, Santa Rosa, CA 95404
Tel (707) 545-3747 Fax (707) 836-6885

Pre-Planning Information

Arrangements For: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____ Years in Sonoma County: _____

Date of Birth: _____ Age: _____ Sex: _____

City/State of Birth: _____ Social Security Number: _____

Military Service: _____ to _____ Marital Status: _____

Name of Spouse: _____
(First) (Middle) (Maiden)

Education (Years Completed) _____ Race: _____ Hispanic (yes or no) _____

Occupation: _____
(Pre-Retirement)

Employer: _____

Kind of Business: _____ Years in Occupation: _____

Full Name of Father: _____
(First) (Middle) (Last)

Father's State/Country of Birth: _____

Full Name of Mother: _____
(First) (Middle) (Maiden)

Mother's State/Country of Birth: _____

(The above Vital Statistical Information is required by law to complete the Certificate of Death at the time of need.)

Please Complete Reverse Side of This Form



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The following instructions are in accordance with my wishes:

Place of Service: _____

Interment/Entombment/Cremation: _____
(Please circle applicable disposition) (Name of cemetery or crematory)

If Cremation, Final place of disposition: _____

I have viewed caskets and would prefer: _____

Clergyperson: _____

Special Instructions: _____

If Veteran, please provide copy of discharge papers.

Names of immediate relatives (Information to be used for paper notice):

Name	Relationship	City & State of Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Informant: _____ Relationship: _____

Address: _____

Phone: _____