

VITAL STATISTICS

Name: _____

Street and P. O. Box: _____

Legal Address: _____ Inside City Limits? Y N

City / State / Zip: _____

Occupation: _____

Type of Business/Industry: _____

Place of Birth: _____ USA Citizen YES NO

Date of Birth: Year: _____ Month: _____ Day: _____ Age: _____ Sex M F

Race: _____ Marital Status: _____ Social Security Number: _____

Husband/Wife (Maiden Name if Wife): _____

When and Where Married: _____

Father's Name: _____

Mother's Name (Maiden): _____

SURVIVORS

Name	Relation	City and State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

of Grandchildren: _____ # of Great-Grandchildren: _____ Other: _____

Remarks: _____

Special Requests and Wishes

Funeral Service Location: _____ Time: _____

Clergyman: _____ Church: _____

Vigil or Fraternal Service: _____

Casket is to be: Open Closed Car for Family: Yes No

Visitation Hours: _____

Organist and Special Music: _____

Pallbearers: Staff Family _____

Flowers: _____

Jewelry to be buried: _____

Jewelry to be removed: _____

LOCAL BURIAL OUT OF STATE BURIAL State: _____

Cemetery: _____ County: _____

Location: _____

Block No. _____ Lot No. _____

Monument Installed? _____

Church Affiliation: Member Attended _____

Fraternal Orders, Clubs, Schools: _____

Military Veteran of: Branch _____ War _____

Flag: Yes No Draped At Rest

Government Maker: Yes No State: _____ Emblem: _____ Discharge Yes No

Obituary to be placed in Newspaper(s)? Yes No

Name of Paper(s) / Location: _____

Informant:

Mailing Address:

Phone:

Other Wishes: