

PRE-ARRANGEMENT:

Date:

#:

Name:

Age:

Address:

City:

State:

Nebraska

DEATH INFORMATION:

Hour:

Day:

Monday

Date:

Place:

City:

State:

Nebraska

SERVICE DETAILS:

Time:

Date:

Place:

Address:

City:

State:

Nebraska

ROSARY DETAILS:

Rosary:

Day:

Monday

Date:

Place:

City:

State:

Nebraska

SERVICE DETAILS - CLERGY:

Clergy:

Clergy Phone: Church Phone:

Church:

City: State:

Organist: Phone:

Soloist: Phone:

Hymns:

SERVICE DETAILS CONTINUED:

Memorial Established:

VISITATION:

From: To:

From: To:

FLOWER SERVICE:

From: To:

Location:

VIEWING:

- Before Service After Service No Viewing

SERVICE DETAILS CONTINUED:

Informant Name:

Informant Address:

Informant SSN:

Bearers Move Casket:

Bearers Move Casket To:

Family To Sit: Chapel Family Room For #:

Reserve Seats For:

Remove What Jewelry:

Family Dinner: Yes No Date/Time:

Place: #:

Family Car Needed: Yes No Time:

Family To Meet At:

CASKET BEARERS:

HONORARY:

Sit With:

We Notify

Family Notify

Dinner: Yes

No

Drive Own Car: Yes

No

Name:

#:

Name:

#:

Name:

#:

Name:

#:

Name:

#:

Name:

#:

ACTIVE:

Sit With:

We Notify

Family Notify

Dinner: Yes

No

Drive Own Car: Yes

No

Limo

Sedan

Name:

#:

Name:

#:

Name:

#:

Name:

#:

Name:

#:

Name:

#:

Notes:

FINAL DISPOSITION:

Disposition: Burial Cremation Military Honors: Yes No

Block #: Lot#: Section:

Day: Date:

Engraving Needed: Yes No

Cemetery or Crematory:

City of Cemetery or Crematory:

Lot Owner:

Grave Location to be Opened:

DISPOSITION OF CREMAINS:

Present at Memorial Service: Yes No Scatter Bury

Burial of Cremains:

Cemetery:

City: State:

VETERAN'S INFORMATION:

Spouse SS#:	<input type="text"/>	Spouse DOB:	<input type="text"/>
Enlisted:	<input type="text"/>	Place:	<input type="text"/>
Discharged:	<input type="text"/>	Place:	<input type="text"/>
Organization:	<input type="text"/>	Rank:	<input type="text"/>
Branch of Service:	<input type="text" value="-"/>	<input type="checkbox"/> In	<input type="checkbox"/> Out

Mortuary:	<input type="text"/>		
Phone #:	<input type="text"/>	Fax #:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text" value="Nebraska"/>
Contact Person:	<input type="text"/>		

FLIGHT INFORMATION:

Airway Bill#:

Airline:

Airline Phone #:

Flight #:

Day:

Date:

Leave:

City/State:

Day:

Date:

Arrive:

City/State:

Airline:

Airline Phone #:

Flight #:

Day:

Date:

Leave:

City/State:

Day:

Date:

Arrive:

City/State:

BIOGRAPHICAL INFORMATION:

Picture for Newspaper: Yes No

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Biographical Information continued...

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for the user to provide biographical information.

SURVIVOR LIST:

Father:

Mother:

Sons:

Daughters:

Brothers:

Sisters:

Grandchildren:

Great -
Grandchildren:

Preceded in
Death by:

MORTUARY RECORD:

Casket:

Exterior Color:

Interior Color:

Mfg.:

—

Inv#:

Casket Construction:

Outer Enclosure:

Mfg.:

—

Inv#:

Removal By:

Embalmed By:

Autopsy:

Yes No Performed by:

Embalmed:

Yes No Performed by:

Clothing given
to:

Attorney:

Insurances:

Notes /
Comments:

CERTIFICATE OF DEATH:

EDUCATION:

- 8th grade or less 9th - 12th grade, no diploma
- HS graduate or GED completed Some college credit, no degree
- Associate Degree (e.g. AA, AS) Bachelor's Degree (eg BA, AB, BS)
- Master's Degree (e.g. MA, MS, MEng, MeEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) Doctorate (e.g. MD, DDS, DVA, LLB, JD)
- Unknown

Usual Occupation
(not Retired):

Kind of Business/
Industry:

HISPANIC ORIGIN:

- No, Not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican
- Yes, Cuban Yes, Other Spanish/Hispanic/Latino (Specify Below)

RACE:

- White Black or African American American Indian or Alaska Native
- Asian Indian Chinese Filipino Japanese Korean
- Vietnamese Other Asian (Specify below) Native Hawaiian
- Guanmanian or Chamorro Samoan
- Other Pacific Islander (Specify below) Other (Specify below)

Specify: