

# Wildrose Chapel & Funeral Home

Lic. No. FD 1499 • 916 E. Divisadero, Fresno, CA 93721 • (559) 486-7777

<b>Vital Statistics</b>	Name of Insured – First		Middle		Last (Family)		Height	Weight
Date of Birth - Month, Day, Year		Age	Sex	City and State of Birth			Social Security Number	
Marital Status		Education - Years Completed		Race		Hispanic – Specify <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupation		Kind of Business		Usual Employer			Years in Occupation	
Usual Residence – Street and Number or Location								
City		County		ZIP Code		Years in County	State or Foreign Country	
Informant's Name and Relationship			Informant's Mailing Address (Street and Number, City, State, ZIP)				Informant's Telephone	
Name of Surviving Spouse – First			Middle		Last (Maiden Name)			
Name of Father – First			Middle		Last		Birth State	
Name of Mother – First			Middle		Last (Maiden Name)		Birth State	

<b>Military Statistics</b>	War/Conflict	Branch of Service	Service Number	Date of Entry
Location of Honorable Discharge Papers				Date of Separation

<b>Funeral Service Instructions</b>	Service Location <input type="checkbox"/> Church <input type="checkbox"/> Funeral Home <input type="checkbox"/> Graveside			Religion
Clergy	Lodge/Veteran Service By	Floral Requests		Obituary <input type="checkbox"/> Yes <input type="checkbox"/> No
Music Selections		3.		
1.		2.		
Clothing		Jewelry	Glasses On <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Memorialization Information</b>	Place of Final Disposition (Name and Address of Cemetery)		
Type of Disposition	Location of Deed to Cemetery Property	Memorial Marker / Head Stone	

<b>Advance Health Care Directive – Power of Attorney for Health Care</b>	Make sure the following statement is in your Advance Health Care Directive – Power of Attorney for Health Care: “My agent is authorized to direct the disposition of my remains.”	
Agent's Name	Agent's Address	Agent's Telephone

<b>Relatives</b>	Relationship: Name	Telephone
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

<b>Insurance</b>	Name of Insurance Company	Policy Number	Location of Policy
	Name of Insurance Company	Policy Number	Location of Policy

<b>Medical</b>	Physician's Name, Address and Telephone Number
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