

MISC. NOTES / PERSONAL DESIRES

I wish my services to be held at: _____

I Prefer as the Minister: _____

Special Music Request : _____

Clothing Preferred: _____

I desire the following to serve as Pallbearers if needed:

I prefer: Burial Entombment Cremation

Cemetery: _____

Lot Number: _____ Section _____ Grave Number _____

My Executor/Executrix is _____

Phone Number _____

I Do / Do Not Have a Will. Location of Will: _____

My Attorney is: _____

Phone Number: _____

SPECIAL INSTRUCTIONS: _____

* If you are a veteran we would appreciate having a photocopy of your Discharge

Form (DD 214) to include in the file

Signed: _____

Print Name: _____

Date Signed: _____



3223 Perry Hwy.
Sheakleyville, Pennsylvania 16151

169 Second Street
Fredonia, Pennsylvania 16124

Vital Information Worksheet

Vital Statistic Information

Full Name: _____

Address: _____

_____ Twp.: _____

Social Security Number: _____

Place of Birth: _____ Date of Birth: _____

Father's Name: _____

Mother's Name: _____

Married To : _____ Date: _____

Subsequent Marriage: _____ Date: _____

Employment: _____

Retired: _____ Date: _____

Previous Employment: _____

Church Affiliation: _____

Member: Yes No

Church Address: _____

Organizations, Clubs, Education, Ect.: _____

Service Veteran* Yes No Branch of Service: _____

Rank _____ Serial Number: _____

War Veteran: Yes No Which War: _____

Additional Notes: _____

Survivors

Wife / Husband _____ Address: _____

Children

 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____

Sisters

 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____

Brothers

 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____
 _____ City: _____

Grandchildren _____
 Great Grandchildren _____
 Great Great Grandchildren _____

Other Relatives _____

Preceded in death by: _____

Service Information

Place of Service: _____
 Date: _____ Time: _____ Am/ Pm
 Minister: _____
 Assisted by: _____
 Church Affiliation: _____
 Interment: _____
 Friends may call at _____ Robert L. Snyder Funeral Home, Sheakleyville
 _____ Robert L. Snyder Funeral Home, Fredonia
 Visitation Hours: _____
 Memorial Contribution: _____

Highest Education Level Achieved
 (Elementary/ Secondary) (0-12) _____
 (College Education) (1-4 or 5+) _____

Newspaper Notices Desired:

Record Argus _____
 Sharon Herald _____
 Meadville Tribune _____

Other papers: _____

Misc. Notes: _____

