

Triad Cremation Society & Chapel

2110 Veasley Street Greensboro, NC 27407

Phone: (336) 275-1005 Fax: (336) 275-1009

Information Sheet

Phone #: _____

First: _____ Middle: _____ Last: _____ SR JR III

Maiden: _____ Nickname: _____ Age: _____ Sex: M F

Resident Physical Address: _____ City: _____ State: _____ Zip: _____

County: _____ City Limits: YES NO Armed Forces: YES NO

Date of Birth: _____ Birthplace: _____

Date of Death: _____ Time: _____ County of Death: _____

Place of Death: _____ Social Security #: _____

Marital Status: MARRIED SEPARATED WIDOWED DIVORCED NEVER MARRIED UNKNOWN

Decedent's Usual Occupation: _____ Kind of Business: _____

Decedent's Education: _____ Hispanic origin: _____ Race: _____

Surviving Spouse: _____ Phone # _____

Father's Name: _____

Mother's Name (Maiden): _____

Informant's Name: _____ Maiden: _____

Relationship: _____ Mailing Address: _____

Phone #: _____ Cell #: _____ Social Security # _____

Children: _____

Method of Disposition: Burial Cremation Donation Entombment

Place of Disposition: _____ Location: _____

Services: Direct Cremation Memorial Service Visitation Funeral Service

Date & Time: _____ Funeral Director: _____