



Name of Client: _____
First Middle Last Maiden

Service preferred
(Check One)

- Traditional open casket viewing followed by a funeral service, then burial at a cemetery.
- Open casket viewing followed by a funeral service, then the deceased is cremated. *
- Cremation first, then a calling or greeting time followed by a memorial service. *
- Direct Cremation (No Service) *
- Other: (Graveside Service, casket or urn.) Specify: _____

*With all Cremation Options, please specify below if you want to keep the cremains, scatter the cremains, or bury the cremains at your cemetery.

Service Information

Service at Funeral Home or Name of the Church: _____

Viewing/Calling Location: (at Funeral Home or Church): _____

Same Day Viewing: _____, Evening Viewing: _____, Both Evening and next day viewing: _____

Viewing/Calling Time should be: (mark with "X") Public: _____ Family Only: _____ No Viewing: _____

Burial Location: (Name of Cemetery) _____

Gravesite Location:(Section, Lot, Block, etc.) _____

If Cremated, what will happen to the Cremated Remains? _____

Clergy you want to perform your service: _____ Clergy's Phone: (_____) _____

If you do not have a church affiliation and would like the funeral home to help obtain a minister, mark "X" here: _____

Vital Statistics Information Please answer every question. Leave *no* question blank.

Address of Client: _____

County: _____ Do you live inside the limits of a City/Township/Borough? _____

Gender: _____ Race: _____ Age: _____

Date of Birth: _____ Place of Birth: _____

Spouse: _____ (Include Maiden name) Marital Status: _____

Father: _____ Mother: _____ (Include Maiden name)

Occupation: (Job title for majority of workingcareer) _____

Employer _____

Social Security Number: _____ Highest Education Level Attained: _____

Veteran's Status: Yes No Branch of Service: _____ War: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Address: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Obituary Information

(List names of children, grandchildren, great grandchildren, siblings, etc.)
(The names will appear in the paper exactly how you print them below.)

Full Name

Relationship to Deceased

Spouse

Current Home Town

(Attach additional sheet of paper if needed)

Predeceased By: _____

Work-Education/Memberships/Interests/Hobbies: _____
(Attach additional sheet of paper if needed)

Church Affiliation: _____

lieu of Flowers, contributions should be made to: _____

What Newspaper(s) do you want this obituary to appear in? _____

How many Certified Death Certificates do you need? _____ (The funeral home will obtain these for you)

Casket / Urn Name: _____ Vault Name: _____

You may call the funeral home and arrange an appointment to select your merchandise, or, you may select your merchandise on-line at www.gilesandyeckley.com. On the homepage, click on the Merchandise link on the left to view caskets, burial vaults, urns, and urn vaults.

Please return this information to the funeral home where it will be kept on file and please notify your family that you have done so.