

NICHOLSON FUNERAL HOME

135 East Front Street  
Statesville, N. C. 28677  
Telephone 1-704-872-5287

RECORD OF FUNERAL ARRANGEMENTS

Newspaper Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Full Name \_\_\_\_\_ Address \_\_\_\_\_

Died (Month, Date, Hr.) \_\_\_\_\_ Died Where \_\_\_\_\_

Cause of Death \_\_\_\_\_ How Long Sick \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Father \_\_\_\_\_ Living \_\_\_\_\_

Name of Mother \_\_\_\_\_ Living \_\_\_\_\_

Name of Husband or Wife \_\_\_\_\_ Living \_\_\_\_\_

Married \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

Member of Church \_\_\_\_\_

Church Offices \_\_\_\_\_

By Whom Employed \_\_\_\_\_

Occupation \_\_\_\_\_

Member Civic Clubs \_\_\_\_\_

Member Fraternal Orders \_\_\_\_\_

Schools Attended \_\_\_\_\_

Public Offices Held \_\_\_\_\_

Funeral When \_\_\_\_\_ Where \_\_\_\_\_

By Whom Conducted \_\_\_\_\_

Buried Where \_\_\_\_\_

Social Security # \_\_\_\_\_ Veteran of What War \_\_\_\_\_ Flag \_\_\_\_\_

Survivors	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any Other Information \_\_\_\_\_