



# Enid Cremation Service

580-237-5434

## BIOGRAPHICAL & STATISTICAL INFORMATION

NAME First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street \_\_\_\_\_ State OK. Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Inside city limits? \_\_\_\_\_ Township: \_\_\_\_\_

BIRTHPLACE: City \_\_\_\_\_ State \_\_\_\_\_

BIRTHDATE: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ SS # \_\_\_\_\_

Occupation \_\_\_\_\_ Retirement year \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's (Maiden) Name \_\_\_\_\_

Marriage Date \_\_\_\_\_ Where Married \_\_\_\_\_

Father's First & last names \_\_\_\_\_

Mother's First, Last and (Maiden) Name \_\_\_\_\_

Country(ies) of Ancestry \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Ph # \_\_\_\_\_

EDUCATION: Highest grade completed \_\_\_\_\_ College Degrees \_\_\_\_\_

### NAMES OF CHILDREN (and Spouses)

NAME \_\_\_\_\_ MILITARY SERVICE \_\_\_\_\_

City, State \_\_\_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_

NAME \_\_\_\_\_ Enlisted \_\_\_\_\_ Where \_\_\_\_\_

City, State \_\_\_\_\_ Discharged \_\_\_\_\_ Where \_\_\_\_\_

NAME \_\_\_\_\_ Discharge Papers \_\_\_\_\_

City, State \_\_\_\_\_ Service Serial # \_\_\_\_\_

NAME \_\_\_\_\_ MEMBERSHIPS/ HOBBIES \_\_\_\_\_

City, State \_\_\_\_\_ \_\_\_\_\_

NAME \_\_\_\_\_ \_\_\_\_\_

City, State \_\_\_\_\_ \_\_\_\_\_

NAME \_\_\_\_\_ CEMETERY \_\_\_\_\_

City, State \_\_\_\_\_ City \_\_\_\_\_ Twp \_\_\_\_\_ State \_\_\_\_\_

NAME \_\_\_\_\_ Section # \_\_\_\_\_ Lot # \_\_\_\_\_ Grave # \_\_\_\_\_

City, State \_\_\_\_\_ TELEPHONE NUMBERS 1<sup>st</sup> \_\_\_\_\_

\_\_\_\_\_ GRANDCHILDREN 2<sup>nd</sup> contact \_\_\_\_\_

\_\_\_\_\_ GREAT GRANDCHILDREN 3<sup>rd</sup> contact \_\_\_\_\_

SISTERS / BROTHERS

NAME\_

City, State\_

NAME\_

City, State

NAME\_

City, State

NAME\_\_\_\_\_

City, State\_\_\_\_\_

NAME\_\_\_\_\_

City, State\_\_\_\_\_

NAME\_\_\_\_\_

City, State\_\_\_\_\_

NAME\_\_\_\_\_

City, State\_\_\_\_\_

PRECEDED IN DEATH BY:

NAME\_

Sister Yr./death

NAME\_\_\_\_\_

(relationship)\_\_\_\_\_ Yr./death\_\_\_\_\_

NAME\_\_\_\_\_

(relationship)\_\_\_\_\_ Yr./death\_\_\_\_\_

NAME\_\_\_\_\_

(relationship)\_\_\_\_\_ Yr./death\_\_\_\_\_

NAME\_\_\_\_\_

(relationship)\_\_\_\_\_ Yr./death\_\_\_\_\_

NAME\_\_\_\_\_

(relationship)\_\_\_\_\_ Yr./death\_\_\_\_\_

NIECES AND NEPHEWS\_\_\_\_\_

Additional MEMBERSHIPS/ HOBBIES/ INTERESTS:

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