



# Billow's

*A Tradition of Dignity and Respect Since 1875*

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## GENEALOGY RESEARCH REQUEST FORM

DECEASED INFORMATION	
* First Name _____	* Last Name _____ City/Town _____
Street Address _____	
County _____	State _____ Zip Code _____
BIRTH INFORMATION	
* First Name _____	* Last Name _____ Date of Birth _____
Place of Birth _____	City/Town _____
County _____	State _____ Country _____
DEATH INFORMATION	
* Date of Death _____	Place of Death Home Other (Circle One)
If other location than home, please indicate	
Name of Place _____	City/Town _____
County _____	State _____ Country _____
MILITARY INFORMATION	
Was Decedent Ever in the US Armed Forces?	YES NO (CIRCLE ONE)
Branch of Service _____	State Where Enlisted _____
Name(s) of War(s)/ Conflict(s) _____	Date Discharged _____
Toured _____	
Informant/Person In Charge Information	
* First Name _____	* Last Name _____
* Email Address _____	Relationship To Deceased _____
* Telephone _____	
Please list any other information or instructions you would like us to have _____	
<b>Mail:</b> <b>Billow Funeral Homes</b> <b>&amp; Crematory</b> <b>85 N Miller Rd.</b> <b>Fairlawn OH 44333</b>	<b>Voice: 330-867-4141</b> <b>Fax: 330-867-4147</b> <b>E-mail: Billow@BillowFuneralHomes.com</b>