Full name _____

To paper _____

Residence _____

Inside/Outside City _____ County _____

S.S. No. _____ Educ. _____

Place of Death _____

Inside/Outside City _____ County _____

Husband or Wife of _____

Vet. _____

Date of Death _____ Hour _____

Date of Birth _____

Occupation _____

_____

Age _____ Years _____ Mos. _____ Days _____

Place of Birth _____

Father's Name _____

Mother's Maiden Name _____

Informant _____

Physician _____

Length of Illness _____

Residence Telephone _____

Church Membership _____

_____

Clubs _____

_____

Survivors _____ (Name) _____ (City) _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Place of Service _____ Hour _____

Cemetery _____ Date of Burial _____

Ministers _____

_____

_____

_____

FOR OFFICE USE

In State: _____

Music: _____

_____

Request: _____

_____

Pallbearers To Meet: _____ Notified by _____

_____ Phone No. _____

_____ Phone No. _____

_____ Phone No. _____

_____ Phone No. _____

_____ Phone No. _____

_____ Phone No. _____

_____ Phone No. _____

Alternates _____

_____

_____

Honorary P.B. _____

Flowers: _____ In Church _____

Visitation: _____ Begin: _____ Family Hours _____

Family Location: _____

_____

_____

Equipment to Res. _____ By: _____

Casket No. _____

Vault: _____ Order by: _____

Clothing: _____

Casket Spray _____ Florist _____ Color _____

Wording _____ Deliver _____ By: _____

Pictures: _____ Jewelry _____

Certified Copies of Death Certificate: _____

Newspapers _____ By: _____

Locate Grave: _____ By: _____ Opened by: _____

Call Family When Ready _____ By: _____

Hair _____

Memorials _____

_____

_____

_____

_____

_____

_____

Contact Family _____ Send Car _____

Will Come to F.H. _____

Clothing: To Bring _____ Select _____ To Be Cleaned _____

Clothing Worn By Deceased _____

Return _____ Destroy _____