

Hurley Funeral Home

Funeral Service Record

Decedent's Legal Name: _____ Sex: _____ M _____ F

Name for Newspaper: _____ Age _____

Date of Death: _____ Place of Death: _____

Decedent's Address: _____

Date of Birth _____ Place of Birth: _____

Social Security Number _____ Race _____

Occupation _____ Bus. Or Industry _____

Married _____

Divorced _____

Widowed _____

Never Married _____

Husband/Wife(Maiden Name) of: _____

Address _____

Served in Armed Forces: Yes _____ No _____ Branch _____ Years _____

Father's Name(First & Last): _____

Mother's Maiden Name(First & Last) _____

Education: Highest Grade Attained _____ College: _____

Informant/Person in Charge: _____ Relationship to Deceased _____

Informant's Mailing Address: _____

Phone Number(s) _____

Email address: _____

Secondary Contact Name _____ Relationship to Deceased _____

Mailing Address _____

Phone Number(s) _____

Email address: _____

Special Family Viewing on _____ at _____

Viewing at HFH on _____ at _____

Funeral will be held on _____ at _____

Viewing at Church on _____ at _____ Service Time: _____

Cemetery _____ Cemetery Address _____

Clergy Name _____ Honorarium () Yes () No Amount _____

Type of Service Requested: Earth Burial () Entombment () Cremation () Ship Out-In () Other _____

Special Instructions _____
