

Contact Person: _____ Phone _____ Date: _____

Address: _____ How are you related?: _____

Funeral Arrangements for: Full Name: _____ (Maiden): _____

Current Address: _____ County _____

Within City / Village Limits of _____ -OR- Township of _____ State _____ Zip Code _____

Date of Birth: _____ City of Birth: _____ State: _____

Fathers Name: _____ Mothers Name: _____ Maiden: _____

Race: _____ Any Hispanic Origin: (Yes) (No) Social Security No. _____

Ancestry: (German, French, American Indian: Tribe?, etc.) _____

Highest Education Level Completed: (8th grade, high school, college, etc.) _____

Marital Status (Married, Never Married, Widowed, Divorced) _____ Companion / Significant Other -Name: _____

1) Spouses Name (wife's maiden): _____

Date of Marriage: _____ Location (City, State / Name of Church) _____

Living Where: _____ Divorced? _____ Date of Death? _____

2) Spouses Name (wife's maiden): _____

Date of Marriage: _____ Location (City, State / Name of Church) _____

Living Where: _____ Divorced? _____ Date of Death? _____

Occupation (most of life): _____ What Company ? _____

Location? _____ How Long ? _____ Retired? Yes / No Date? _____

Military Service: Yes / No Branch of Service: _____

Served During What War / Conflict: _____ Years: from _____ thru _____

Memberships: Church: _____ Fraternal: _____

Special Offices Held: _____

Others: _____

Civic Organizations: _____

Hobbies: _____

(Please Continue On Reverse Side)

[illegible]

Deceased Family & Dates: _____

Other Important Information: _____

City _____ Minister _____

City / Township_____ **Section#:** _____ **Lot#** _____ **Grave#** _____

Pallbearers _____

Clothing (under and outer) _____

Obituary Notices (News Papers) _____

Company _____ Policy # _____ Amount \$ _____ Beneficiary _____

Company _____ Policy # _____ Amount \$ _____ Beneficiary _____