



Green Valley United Methodist Church

FUNERAL SERVICES

To: Green Valley United Methodist Church Funeral Services

I, the undersigned, hereby request a relationship with Green Valley United Methodist Church Funeral Services and instruct Green Valley United Methodist Church to receive the body of the below named individual and to conduct the funeral service requested after death has been medically established.

Name _____
First Middle Last

Address _____
Street

City State Zip

Social Security _____ Date of Birth _____ Birthplace _____

Phone Number _____ Sex M / F

Kind of Industry or Business _____ Primary Occupation _____

Married, Never Married, Widowed, Divorced, Separated (circle one) Highest Grade Completed in School _____

Name of Spouse (even if they are deceased) _____

Race _____ Of Hispanic Origin? Yes No If yes, specify (Cuban, Puerto Rican, Mexican, etc.) _____

Father's Name _____ Mother's Name _____
First Last First Last (MAIDEN NAME)

If Veteran: Date of Enlistment _____ Place of Enlistment _____

Date of Discharge _____ Place of Discharge _____

Serial Number _____ Rate or Rank _____

Branch of Service _____

Immediate Next of Kin _____

Relationship _____ Telephone # _____

Address _____
Street City State Zip

Primary or Secondary Person in Charge of Arrangements _____

Relationship _____ Telephone # _____

Address _____
Street City State Zip

Charges: I understand that the charges for Green Valley United Methodist Church Funeral Services are due and payable prior to completion of services.

Date: _____ Signature _____