

Name: _____ Age: _____
 First Middle Last

Informant: _____

- Relative File News Article/Picture Embalming Authorization Picture Pre-Arrangement

VITAL STATISTICS

Street Address:		
City-Township:	County:	State:
Place of Death:		
City-Township:	County:	State:
Specify: <input type="radio"/> In-Patient <input type="radio"/> DOA <input type="radio"/> ER <input type="radio"/> Residence		
Certifier of Death Certificate:		
Certifier's Address:		
Sex: <input type="radio"/> M <input type="radio"/> F	Race-Ethnicity:	Citizenship:
Birthplace:		Date of Birth:
Father's Name:		Mother's Maiden Name:
Marital Status (M,W,D,S):	Surviving Spouse:	
Date & Place of Marriage:		
Employment Status: <input type="radio"/> Retired (Year) <input type="radio"/> Presently Employed <input type="radio"/> Not Employed		
Usual Occupation:		Kind of Business/Industry:
Employer:	City:	No. of Years:
Social Security No.:		Highest Education:
Veteran? <input type="radio"/> No <input type="radio"/> Yes	Branch of Service:	Rank:
Service Dates: 19__ to _____		Service No.:
Date of Entry:	Place of Entry:	
Date of Separation:	Place of Separation:	
Honors/Commendations:		
Clothes for deceased:		
Picture for prayer card or newspaper article:		

INFORMANT'S INFORMATION

INFORMANT'S NAME:		Relationship:
Informant's Street Address:		
City-Town:	State:	Zip Code:
Informant's Day Telephone		Informant's Evening Telephone:

VISITATION

Day:	Hours:	Place:
Day:	Hours:	Place:
Casket Opened: <input type="radio"/> For Family & Friends <input type="radio"/> Family Only <input type="radio"/> No Viewing for Anyone		
Room:	Special Setup: <input type="radio"/> Catholic <input type="radio"/> Flag <input type="radio"/> Military <input type="radio"/> Military time: <input type="radio"/> Masonic Apron <input type="radio"/> Masonic time:	
<input type="radio"/> Rosary <input type="radio"/> Wake	Time:	

FUNERAL SERVICES

<input type="radio"/> Traditional Funeral <input type="radio"/> Mass <input type="radio"/> Graveside Service <input type="radio"/> Memorial Service		
Day:	Date:	Hour:
Place:		
Clergy:		
Music: <input type="radio"/> Special Selections:		
Organist:	Soloist:	
Address:	Pickup Time:	
Address:	Pickup Time:	
When will casket be closed?		
Jewelry instructions:		

PALLBEARERS

<input type="radio"/> Professional <input type="radio"/> Selected by Family <input type="radio"/> Honorary <input type="radio"/> We Notify <input type="radio"/> Family Notifies

COMMITTAL SERVICE

<input type="radio"/> Immediately Following Funeral Service <input type="radio"/> Other:
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FLOWERS

<input type="radio"/> Accepted <input type="radio"/> Family to provide <input type="radio"/> Display ad
Display to read:

DISPOSITION

<input type="radio"/> Interment <input type="radio"/> Entombment <input type="radio"/> Cremation			
Cemetery/Crematory:	Day:	Date:	Time:
Address:	City-Town:	County:	State:
Grave No.:	Section:	Block:	Lot Owner:
Outer Container/Vault Provided By:		Marker:	
Disposition of Cremated Remains:			
Grave, Lot Drawing:			